2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000001076

1. Entity Name

SUN COAST REGIONAL, L.L.C.

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FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90107 036 ****50.00

				WE THE				
Principal Place 6900 S. GRAY INDIANAPOLIS		Mailing Address 6900 S. GRAY ROAD INDIANAPOLIS IN 46237	<u> </u>					
2. Principal f	Place of Business	3. Mailing Address						
		· _	·			1 33 111 43 111 54 111 34 1	B 1 11 8 11 58 111 1	7019 9111 1941
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 35-2108021 Applied For Not Applicab			
Zíp	Country	Zip	Country		5. Certificate of Status Desire		\$5.00 Ad	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of No	w Registered A	gent	
			. N	ame	ر في منهجة الجميد			
1200	CORPORATION SYSTEM 0 SOUTH PINE ISLAND ROAD NTATION FL 33324		. s	Street Address (P.O. Box Number is Not Acceptable)				
FDA	INTAHON FL 33324							
		•	C	ity		FL	Zip Cod	le
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered o	ffice or register	ed agent, or both, in the State of	f Florida. I am fa	amiliar with,	and accept
SIGNATURE .								
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Age	nt signature required	when reinstating)	DATE		
		FILE N	OWIII FEE	IS \$50.00				
		Make Check Payab			at of State			•
			e By May 1		it of State			
			e by may i	, 2003				
9.		BERS/MANAGERS	10.		ADDITIO	NS/CHANGES		
TITLE	MEM	☐ Delete	TITLE				Change	Addition
NAME	LEIMENN III			7			Criange	
STREET ANNUESS I	EJJ6900, LLC		NAME	Ì			C Change	
STREET ADDRESS	6900 S. GRAY RD.		STREET AD				C. Crimide	
CITY-ST-ZIP	6900 S. GRAY RD. INDIANAPOLIS IN 46237		_				U Orlange	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the repeiver or trustee empowered to execute this report agreequired by Chapter 608, Florida Statutes.

SIGNATURE:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE