SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2001	1 UNI	FORM BUS	SINE	SS REPO	RT	(UBR))				į	
DOCU 1. Entity Nam	ne	11.0000				مرا		en en ekstern bligger. De en				
SPRING LAKE VILLAGE/ST. PETERSBURG, L.L.C.								FILED				
Principal Place of Business Mailing Address								01 AUG 29 PM 12: 17				
3301 WEST END AVE STE. 200 NASHVILLE TN 37203				3301 WEST END AVE STE. 200 NASHVILLE TN 37203				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
		·							 			
2. Principal Place of Business				3. Mailing Address] 		 		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE			
City & State				City & State			4. FEIN	4. FEI Number APPLIED FOR Applied For Not Applied For			_	
Zip	Zip Country			Zip Coun		try		ficate of Status Desired	S5.00 Additional Fee Required		7	
6. Name and Address of Current Registered Agent -						Nama	- 7. Nam	e and Address of New Registered	Agent		-	
CA	ARTER JOH	IN				Name						
CARTER, JOHN 3105 BAY OAKS CT.						Street Addr	ess (P.O. Box N	s (P.O. Box Number is Not Acceptable)				
I IA	MPA FL 33	529									4	
						City		FI	Zip Coo	le	4	
8. The above	named entity	y submits this statement	for the pu	rpose of changing its	registere	ed office or reg	gistered agent,	or both, in the State of Florida.				
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if a	applicable. (NOTE	: Registere	d Agent signature re	equired when reinstat	ng) DATE				
						! FEE IS \$50.00 200004565842					7	
				Make Check Payable to Department of Due By September 26, 2001			nt of State					
9. MANAGING MEMBER				NAGERS			ADDITIONS/CHANGE	\$];		
TITLE NAME	M62M Delete				TITLE Change					5/01		
STREET ADDRESS	L. Marc Cartel 3301 WEST END AVE				ET ADDRESS					83		
CITY-ST-ZIP	NASHVIlle, TN 37203					CITY-ST-ZIP					CR2E083 (5/01)	
TITLE	☐ Delete				•	TITLE Change				Addition	75	
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CITY-ST-ZIP	,				CITY	-ST-ZIP						
TITLE . NAME	· Delete			, TITLE NAM	A	*	ي د يسم	☐ Change	Addition	-		
STREET ADDRESS					ET ADDRESS					1		
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TITLE				☐ Delete	TITLE	1			Change	☐ Addition		
NAME STREET ADDRESS					NAM STRE	ET AODRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE				☐ Change	Addition		
NAME STREET ADDRESS					NAMI STRE	ET ADDRESS					}	
CITY-ST-ZIP					•	-ST-ZIP					_[
TITLE ;				☐ Delete	TITLE	1			☐ Change	☐ Addition	1	
NAME " STREET ADDRESS					NAM: STRE	E Et address		•				
CITY-ST-ZIP						-ST-ZIP						
indicated	on this repor	t is true and accurate ar	nd that my	signature shall have t	the same	e legal effect a	s if made unde	07(3)(i), Florida Statutes. I further ce r oath; that I am a managing memb	rtify that the i	nformation er of the	7	
limited lial	bility compar	ny or the receiver or trus	tee empov	vered to execute this r	eport as	required by C	napter 608, Flo	orida Statutes.			1	

8/17/07 Date

Daytime Phone #