

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90161 036 ****55.00

DOCUMENT # M01000002304

1. Entity Name

ROLLING MEADOWS II, LLC

Principal Place of Business

**ADMIRAL MANUFACTURED HOUSING COMMUNITY
 8121 LILLIAN HIGHWAY
 PENSACOLA FL 32506**

Mailing Address

**ADMIRAL MANUFACTURED HOUSING COMMUNITY
 8121 LILLIAN HIGHWAY
 PENSACOLA FL 32506**

*120 W. Lexington Ave
 Elkhart, IN 46516*

2. Principal Place of Business

3. Mailing Address

120 W. Lexington

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Elkhart IN

Zip

Country

Zip

Country

46516

Elkhart

4. FEI Number

35-2064064

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POOLE, SUSAN
 10201 W. BEAVER STREET
 JACKSONVILLE FL 32220**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

N/A

N/A

1-23-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **HERITAGE FINANCIAL GROUP, INC.**
 STREET ADDRESS **120 W. LEXINGTON AVENUE**
 CITY-ST-ZIP **ELKHART IN 46516**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sharon R. Martin

1-14-02

(219)

5228000x303

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

Date

Daytime Phone #

CR2E083 (9/01)