

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-12-2003 90087 039 ****50.00

DOCUMENT # M98000000266

1. Entity Name

SUNRISE VILLAGE COMMUNITY, L.C.



Principal Place of Business

799 CLEARLAKE ROAD
COCOA FL 32922

Mailing Address

9 CORPORATION CENTER
BROADVIEW HEIGHTS OH 44147

44004487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 34-1864332

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

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

Administrative Manager

05-01-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM PLACIDO, RICHARD A
STREET ADDRESS 1400 NORTHPOINT TWR, 1001 LAKESIDE AVE
CITY-ST-ZIP CLEVELAND OH 44114-1152 ☐ Delete

TITLE NAME MGR INKS, DANIEL E
STREET ADDRESS 9 CORPORATION CENTER
CITY-ST-ZIP BROADVIEW HEIGHTS OH 44147 ☐ Delete

TITLE NAME MGRM STAKE, ROGER D
STREET ADDRESS 3228 S.W. MARTIN DOWNS BLVD. #1
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE NAME MGRM ARBREE, RAY M
STREET ADDRESS 3228 S.W. MARTIN DOWNS BLVD. #1
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Daniel E Inks

Administrative Manager

06-05-03

440-838-4868

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

Date

Daytime Phone #

CR2E083 (10/02)