**2-2003** 90087 039 \*\*\*\*50.00 1 09:08:2003 90075 016 \*\*\*\*50.00 AN \$19800000266

Principal Place of Business 799 CLEARLAKE ROAD COCOA FL 32922  8 CORPORATION CENTER BROADVIEW HEIGHTS ON 44147  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSÉE FL 32301-2525  City  Street Address (P.O. Box Number is Not Acceptable)  The above ramed entity submits 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 acceptable of the obligations of registered agent.	<b>A</b> Z ca	FLORIDA FLORIDA	O3 SEP 12 AN B SECRETARY SEE FE TALLAHASSEE FE		000266	T# <b>M98000</b> GE COMMUNITY, LC.	OCUMENT NITY NAME SUNRISE VILLAG	1. Entity Na	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Street Address of New Registered Agent  CORPORATION SERVCE COMPANY  1201 HAYS STREET  TALLAHASSÉE FL 32301-2525  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  Street Address of New Registered Agent  Corporation Servce Company  Corporation Servce Company  Corporation Servce Company  City  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. I am familiar with, and acc the obligations of registered agent.	MJ, MI					ress ,	CLEARLAKE ROAD	799 CLEARI	
City & State  Country  Country  Country  Country  State  City  FL  City  FL  City  City  City  FL  City  City  City  FL  City  Cit	12 4111 124		1 1001000 1001010000		3. Mailing Address	usiness	incipal Place of Bu	2. Principa	
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required  8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE FL 32301-2525  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. I am familiar with, and account the obligations of registered agent.	9/12 CHECK HERE IF MAKING CHANGES				Suite, Apt. #, etc.		Suite, Apt. #, etc.		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL 32301-2525  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. I am familiar with, and acceptable of registered agent.		4/ FEI Number 34-1864332 Applied For Not Applicable		City & State		State		City & St	
CORPORATION SERVICE COMPANY  1201 HAYS STREET  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL 32301-2525  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. I am familiar with, and acceptable to the obligations of registered agent.	nal		5. Certificate of Status Desired	Country	Zip ·	Соилту		Zip	
CORPORATION SERVICE COMPANY  1201 HAYS STREET  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. I am familiar with, and acceptable to the obligations of registered agent.		egistered Agent	7. Name and Address of New Regist		distered Agent	me and Address of Current Re	6. Nan		
Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSÉE FL 32301-2525  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. I am familiar with, and acceptable)			TERM CALL CARROLL CARR	- Name	·	EDWCE COMPANY	DODODATION SE	CORRO	
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. I am familiar with, and accepted the obligations of registered agent.	P.O. Box Number is Not Acceptable)								
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. I am familiar with, and accepted the obligations of registered agent.						. 32301-2525	ulahassee fl	TALLAH	
the obligations of registered agent.		FL Zip Code		City		. * 	•	÷	
and the same of th	d accept	rida. I am familiar with, and a	ed agent, or both, in the State of Florida.	egistered office or register	e purpose of changing its r				
SIGNATURE Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registored Agent signature required when reinstating)  DATE		DATE	when reinstating)	Registered Agent signature required	te it applicable. (NOTE:	ped or printed name of registored agent and t	ATURE Sonature, typ	SIGNATURE	
\$0.00 FILE NOW!!! FEE IS \$50.00				W!!! FEE IS \$50.00	FILE NO	\$0.00	4. 7	·	
Make Check Payable to Florida Department of State	ļ		nt of State		1 .	1		200	
Due By September 24, 2003	ĺ			•	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			.•	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES		CHANGES	ADDITIONS/CHAP	10.	MANAGERS	MANAGING MEMBERS		9.	
ITILE Delete TITLE Change Adv	Addition	Change 🔲		TITLE	· . Delete			IITLE	
NAME STREET ADDRESS CITY-ST-ZIP CLEVELAND OH 44114-1152  NAME STREET ADDRESS CITY-ST-ZIP CLEVELAND OH 44114-1152				STREET ACCRESS	PLACIDO, RICHARD A 1400 NORTHPOINT TWR, 1001 LAKESIDE AVE  NAME STREET AGORESS			STREET ADORES	
TITLE NAME NAME STREET ADDRESS 1 CITY-ST-ZIP 1 BROADVIEW HEIGHTS OH 44147 1 Delete 1 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP 1 CITY-ST-ZIP	Addition	☐ Change ☐		NAME Street address	Ovlete	PORATION CENTER	ADDRESS 9 CORP	NAME STREET ADDRESS	
TITLE  NAME  STAKE, ROGER D.  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  Change Add  NAME  STREET ADDRESS  CITY-S1-ZIP	Addition	Change		NAME STREET ADDRESS	•	IS Hiahway I Suite	ADDRESS 405 U	NAME STREET ADDRESS	
TITLE  NAME  ARBREE, RAY M  18863, Lobiolity Pine Ct.  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  CHY-ST-ZIP	Addition	Change .		NAME STREET ADDRESS	Delete	E. RAY M Lobiolly Pine Ct. er, FL 33458	ARBREE 18863 Jupite	NAME Street address	
TITLE         Change         Add           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP									
TITLE Delete TITLE Change Add  NAME  STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Thereby 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	Addition	☐ Change ☐		NAME Street address	☐ Delete		i	NAME STREET ADDRESS	

ABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

limited liability company or the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

9/3/03