2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900000145

1. Entity Name

MEADOWBROOK EKANA, LLC



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90685 030 ****50.00

Principal Place of Business				ailing Address								
2100 EKANA DRIVE DVIEDO FL 32765				8390 CHAMPIONSGATE BLVD. STE 200 CHAMPIONSGATE FL 33896								
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2. Principal Place of Business			3. 1	Mailing Address			IVI IVE IBIIT IBIII DANI TANI TANI	INNI ODIN BONI		9)		
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			+-	City & State			4. FEI Num	per 95-4726275	·		plied For t Applicable	
Zip Country			+-;	Zip		ry	5. Certificat	e of Status Desired		5.00 Add		1
					 ,			7. Name and Address of New Registered Agent				
	6. Name	and Address of Current	t Regis	tered Agent		_Name	7. Name at					
COR	PORATION	SERVICE COMPANY			-			is Net Assentable				
1201 HAYS STREET						Street Add	iress (P.O. Box Num	ber is Not Acceptable)	<u> </u>			1
TALLAHASSEE FL 32301-2525												
						City			FL	Zip Code	e -	
8. The above named entity submits this statement for the purpose of changing it								oth in the State of Flor		miliar with	and accept	ł
8. The above the obligation	named entit	y submits this statement t ered agent	for the p	ourpose of changing its	registere	ea onice of re	egistered agent, or c	O(II, III life State of Flor	100. 101110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
the opligation	ona or regia	orou ago										-
SIGNATURE _	Signature, typed	or printed name of registered ager	nt and title	if applicable. (NOT	: Registere	d Agent signature	required when reinstating)		DATE			-
						FEE IS \$5						\
				Make Check Payabl			ertment of State					
					e By Ma	ay 1, 2003			01441050			┨
9.		MANAGING MEME	BERS/N		10.			ADDITIONS/		☐ Change	Addition	1 6
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				CITY		'-ST-ZIP			 -			
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TITLE				☐ Delete	TIT	LE				Change	Addition	
NAME					NAI							
STREET ADDRESS						REET ADDRESS Y-ST-ZIP			-			
CITY-ST-ZIP	<u> </u>						ad in Section 119.07	(3)(i) Florida Statutes.	I further cer	tify that the	information	1

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.

SIGNATUR

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

4/1/03

(407) 589-7200

Daytime Phone