


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-02-2003 90053 026 ****61.25

DOCUMENT # 706774

1. Entity Name
SKY RANCH APARTMENTS, INC.



Principal Place of Business
**SKY RANCH APTS. INC
3424 SE 12TH STREET
POMPANO BEACH FL 33062
US**

Mailing Address
**3424 SE 12TH ST
POMPANO BEACH FLA 33062
US**

2. Principal Place of Business
c/o CCM, Inc
10034 W McNab Road
Tamarac, FL 33321

3. Mailing Address
c/o CCM, Inc
10034 W McNab Road
Tamarac, FL 33321

City & State
Zip Country Zip Country

4. FEI Number **59-1102045**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

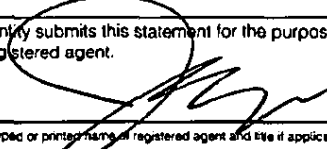


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BURKE, PATRICIA
3424 SE 12TH ST #C-3
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent
Name **James R. Miles**
S (acceptable)
c/o CCM, Inc
10034 W McNab Road
Tamarac, FL 33321
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 accept the obligations of registered agent.

SIGNATURE  DATE **2/12/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEERS, FRED A 3424 S.E. 12TH ST. C-3 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D THIELE, KARL 3424 SE 12TH ST #E-5 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DZIMINSKI, JOSEPH 3424 SE 12TH ST #C-7 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKETT, ERICKA 3424 SE 12 ST, D2 POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3424 S.E. 12 ST #E-7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D BURKE, PATRICIA 3424 SE 12TH ST #E-3 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D JOHNSON-KRAMER, JULIE 3424 SE 12 ST. A-8 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED (KARL THIELE) PRES.** **3/28/03** **(248) 457-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)