

2001 UNIFORM BUSINESS REPORT (UBR)

002789 AF

DOCUMENT # L00000000963

1. Entity Name
MARY ANN APARTMENTS, L.L.C.

01 APR 23 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11216 WINDRUSH CIRCLE
HUDSON FL 34668

Mailing Address
11216 WINDRUSH CIRCLE
HUDSON FL 34668



2. Principal Place of Business
9414 Spring Hill Drive

3. Mailing Address
9414 Spring Hill Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Spring Hill, FL

City & State
Spring Hill, FL

4. FEI Number
59-3648275

Applied For
 Not Applicable

Zip Country
34608 Hernando

Zip Country
34608 Hernando

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

FELDMAN, DONNA J
2655 MCCORMICK DRIVE
CLEARWATER FL 33759

Name
Thomas Roetman

Street Address (P.O. Box Number is Not Acceptable)
9414 Spring Hill Drive

City Spring Hill FL Zip Code 34608

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 *Thomas Roetman*

4/18/01

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004163182--9
-05/08/01--01123--010
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Roetman, Thomas 9414 Spring Hill Drive Spring Hill, FL 34608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Roetman*

04/18/01 352/238-0589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)