

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90011 004 ****55.00

DOCUMENT # L01000002268

1. Entity Name
PARK RIDGE APARTMENTS, L.L.C.

Principal Place of Business 615 CRESCENT EXECUTIVE CT SUITE 120 LAKE MARY FL 32746	Mailing Address 615 CRESCENT EXECUTIVE CT SUITE 120 LAKE MARY FL 32746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3697789		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent GRAY, N. DWAYNE JR ESQ 135 W CENTRAL BLVD SUITE 1100 ORLANDO FL 32801				7. Name and Address of New Registered Agent			
				Name			
				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORCK, TODD		NAME		
STREET ADDRESS	615 CRESCENT EXECUTIVE CT SUITE 120		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, JONATHAN		NAME		
STREET ADDRESS	615 CRESCENT EXECUTIVE CT SUITE 120		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Todd L. Borck* **SIGNATURE REQUIRED** _____ Date _____ Daytime Phone # _____

UN0134
 CR2E083 (9/01)