FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90585 021 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

JUU07170

DOCUMENT # L01000021100

1. Entity Name
DOWNTOWN APARTMENT MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
21 COLORADO AVE SUITE 2 STUART, FL 34994	21 COLORADO AVE SUITE 2 STUART, FL 34994

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
45 SW SEMINOLE ST	45 SW SEMINOLE ST
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: STUART FL	City & State: STUART FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

4. FEI Number 22-3881353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BRAID, PETER J
21 COLORADO AVE
SUITE 2
STUART, FL 34994

7. Name and Address of New Registered Agent
Name: MICHAEL BRAID
Street Address (P.O. Box Number is Not Acceptable): 45 SW SEMINOLE ST
City: STUART FL Zip Code: 34994

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: Michael Braid 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRAID, PETER J		NAME		
STREET ADDRESS	211 COLORADO AVE #2		STREET ADDRESS	45 SW SEMINOLE ST	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	STUART, FL 34994	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: Michael Braid 4/28/03 772-223-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #