

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001205

1. Entity Name
STEPHEN'S PROPERTY ACCOUNT, L.C.

FILED

01 FEB 16 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3971 SOUTH HUDSON WAY
CHERRY HILLS VILLAGE CO 80110

Mailing Address
3971 SOUTH HUDSON WAY
CHERRY HILLS VILLAGE CO 80110

2. Principal Place of Business
5905 So. Kearney St.
Suite, Apt. #, etc.

3. Mailing Address
5905 So. Kearney St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Englewood, CO
Zip 80111 Country US

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Englewood, CO
Zip 80111 Country US

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WILLNER, ROBIN I ESQ.
BEDZOW, KORN, BROWN, LIPTON, MILLER
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Willner, Robin I Esq.
Street Address (P.O. Box Number is Not Acceptable)
Leopold, Korn, Leopold, P.A.
20801 Biscayne Blvd, Suite 501
City Aventura FL Zip Code 33180

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME FELDMAN, SHARON
STREET ADDRESS 3971 SOUTH HUDSON WAY
CITY-ST-ZIP CHERRY HILLS VILLAGE CO 80110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 5905 So. Kearney St.
CITY-ST-ZIP Englewood, CO 80111 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: _____ February 7, 2001 720-493-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0030055 AF

CR2E083 (11/00)