2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005491

1. Entity Name

SPANISH OAKS APARTMENT HOMES, L.L.C.

FILED
00 JAN 12 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7027 W. BROWARD BLVD., SUITE 401 PLANTATION FL 33322	7027 W. BROWARD BLVD., SUITE 401 PLANTATION FL 33317-2208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8320 W. SUNRISE BLVD	8320 W. SUNRISE BLVD.
Suite, Apt. #, etc.: 108	Suite, Apt. #, etc.: 108
City & State: PLANTATION FL	City & State: PLANTATION, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. FEI Number: 59-3597065 ☐ Applied For ☐ Not Applicable

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
DAMONTE, JONATHAN JAMES 12110 SEMINOLE BLVD. LARGO FL 33778	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 _____
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 Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOLDEN, JOHN SR. 7027 W. BROWARD BLVD., SUITE 401 PLANTATION FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100003103 Change Addition -01/20/00--01014--012 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOLDEN, PETER 7027 W. BROWARD BLVD., SUITE 401 PLANTATION FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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: [signature] JOHN HOLDEN, MGR. 1/7/2000 954-320-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #