

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005491**

1. Entity Name
SPANISH OAKS APARTMENT HOMES, L.L.C.

Principal Place of Business
**8320 W. SUNRISE BLVD., SUITE 108
PLANTATION FL 33322**

Mailing Address
**8320 W. SUNRISE BLVD., SUITE 108
PLANTATION FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
Due By September 26, 2001**

**300004602933--3
-09/20/01--01075--010
*****50.00 *****50.00**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR HOLDEN, JOHN SR. 7027 W. BROWARD BLVD., SUITE 401 PLANTATION FL 33322	<input type="checkbox"/>		<input type="checkbox"/>
MGR HOLDEN, PETER 7027 W. BROWARD BLVD., SUITE 401 PLANTATION FL 33322	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **7/3/2001**

Phone **(954) 370-8220**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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