2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am - Secretary of State DOCUMENT # M0000001219 1. Entity Name 04-16-2002 90083 014 ****50.00 TOWN CENTRE AT METROWEST, L.L.C. Mailing Address Principal Place of Business 1209 ORANGE STREET 1209 ORANGE STREET WILMINGTON DE 19801 WILMINGTON DE 19801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3652035 Not Applicable Zip Country Zip Country \$5.00 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOWNING, GRANT T Street Address (P.O. Box Number is Not Acceptable) 222 WEST COMSTOCK AVE., STE 101 WINTER PARK FL 32789 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. 9. MANAGING MEMBERS/MANAGERS ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME THE PRUDENTIAL INSURANCE CO OF AMERICA STREET ADDRESS STREET ADDRESS 8 CAMPUS DRIVE, 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP PARSIPPANY NJ 07054 ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME EPOCH PROPERTIES, INC. STREET ADDRESS STREET ADDRESS 359 CAROLINA AVENUE CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32789 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE I,TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

<u>February</u> <u>(973) 734-1367</u> SIGNATURE:

Company of America, managing member

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.

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