

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAR 14 PM 1:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000622



1. Entity Name

EVEREST RESIDENTIAL PROPERTIES 2, LLC

Principal Place of Business

199 S. LOS ROBLES AVE. #440
PASADENA CA 91101

Mailing Address

199 S. LOS ROBLES AVE. #440
PASADENA CA 91101

2. Principal Place of Business

155 N. LAKE AVE.

3. Mailing Address

155 N. LAKE AVE.

Suite, Apt. #, etc.

#1000

Suite, Apt. #, etc.

#1000

City & State

Pasadena, CA

City & State

Pasadena, CA

Zip

91101

Country

U.S.A.

Zip

91101

Country

U.S.A.

4. FEI Number

95-4828200

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name: LEXISNEXIS DOCUMENT SOLUTIONS INC.
Street Address (P.O. Box Number is Not Acceptable):
3953 W.W. KELLY ROAD
City: TALLAHASSEE, FL FL Zip Code: 32311

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: C. Woodyard, as agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR Delete
NAME: EVEREST PROPERTIES II, LLC
STREET ADDRESS: 199 S. LOS ROBLES AVE, #440
CITY-ST-ZIP: PASADENA CA 91101

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: MGR Change Addition
NAME: EVEREST PROPERTIES II, LLC
STREET ADDRESS: 155 N. LAKE AVE, #1000
CITY-ST-ZIP: Pasadena, CA 91101

TITLE: Change Addition
NAME:
STREET ADDRESS: 900014377989
CITY-ST-ZIP: 03/19/03--01062--020 **50.00

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

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

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

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

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.

EVEREST PROPERTIES II, LLC.

Executive V.P.

SIGNATURE: David I. Lesser

Mar. 12, 2003

626-505-5920

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

Date

Daytime Phone #

CR2E083 (10/02)

Lexis Document Svs.
 Requestor's Name
 (front counter)
 Address
 570-1063
 City/State/Zip Phone #

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Everest Glenbrook, LLC 101-623
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in
 Pick up time
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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