

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAR 14 PM 1:39

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000623

1. Entity Name

EVEREST GLENBROOK, 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.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

95-4845989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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)

3935 W.W. Kelly Road

City

TALLAHASSEE

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

*[Signature]*  
Signature, typed or printed name of registered agent and title is 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 RESIDENTIAL PROPERTIES 2, 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  
NAME  
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 RESIDENTIAL PROPERTIES 2, LLC  
STREET ADDRESS 155 N LAKE AVE., #1000  
CITY-ST-ZIP Pasadena, CA 91101

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

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

EVEREST RESIDENTIAL PROPERTIES 2, LLC

Executive V.P.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar. 12, 2003

Date

626-585-5920

Daytime Phone #

CR2E083 (10/02)

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

FILED  
 2003 MAR 14 PM 1:39  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 Office Use Only

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

1. Everest Residential Properties 2, LLC  
 (Corporation Name) (Document #)  
 2. M01-622  
 (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

RECEIVED  
 03 MAR 14 AM 11:26  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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