

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90236 050 \*\*\*\*55.00

DOCUMENT # M01000002872

1. Entity Name

COLUMBIA ST. TROPEZ, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11 State Street

Suite, Apt. #, etc.

3. Mailing Address

11 State Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Charleston, SC

City & State

Charleston, SC

4. FEI Number

94-3413294

Applied For

Not Applicable

Zip

29401

Country

US

Zip

29401

Country

US

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE \_\_\_\_\_

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE: **Manager**  
NAME: **Columbia Multifamily Holdings, LLC**  
STREET ADDRESS: **11 State Street**  
CITY-ST-ZIP: **Charleston, SC 29401**

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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/01)