

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000054

1. Entity Name

LETRIOMPHE PROPERTY GROUP, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25

Principal Place of Business

Mailing Address

~~10024 GLENSTONE COURT~~ 3801 Plaza Tower
BATON ROUGE LA ~~70810~~ 70816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3801 Plaza Tower Suite, Apt. #, etc.

3801 Plaza Tower Suite, Apt. #, etc.

City & State

City & State

Baton Rouge, LA

Baton Rouge LA

Zip

Country

Zip

Country

70816

USA

70816

USA

4. FEI Number

Applied For

72-1335507

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Carla Juneau Auth Agent

7/13/00

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

800003334778-4
-07/25/00--01044--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUNEAU, STEWART 10024 GLENSTONE COURT 3801 Plaza Tower BATON ROUGE LA 70810 70816	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Carla Juneau Auth Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/13/00

Date

205-292-2852

Daytime Phone #

CR2E083 (5/00)