

2000 UNIFORM BUSINESS REPORT (UBR)

000277 AF

DOCUMENT # L99000003800

1. Entity Name
ROADS COUNTY ESTATES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business
FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2394

Mailing Address
FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1605 JOHN STREET

3. Mailing Address
1605 JOHN STREET

Suite, Apt. #, etc.
SUITE 305

Suite, Apt. #, etc.
SUITE 305

City & State
FORT LEE, NJ

City & State
FORT LEE, NJ

Zip
07024

Country
USA

Zip
07024

Country
USA

4. FEI Number
65-0932882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JOSH N
FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2394

7. Name and Address of New Registered Agent

Name
MARIA-CRISTINA DEL-VALLE

Street Address (P.O. Box Number is Not Acceptable)
90 SPENCER & KLEIN, P.A.
801 BRICKELL AVENUE, SUITE 1901

City
MIAMI

FL

Zip Code
33131

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 *Peter G. Louloudis* PETER G. LOULOUDIS 7/30/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AMALTHIA INVESTMENTS, INC. 1605 JOHN STREET, SUITE 305 FORT LEE NJ 07024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Peter G. Louloudis* REQUIRED

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

7/30/99 (201) 585-9019

Date Daytime Phone #

CR2E083 (9/99)