2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am DOCUMENT # L0100003947 **Secretary of State** 03-13-2002 90096 025 ****55.00 WINTER PARK VILLAGE APARTMENTS. LLC Principal Place of Business Mailing Address 2000 VILLAGE LANE 2000 VILLAGE LANE CARRABOUH WINTER PARK FL 32792 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3706084 Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 2000 VILLAGE LANE WINTER PARK FL 32792 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. (9/01 X Addition Change ☐ Delete TIRE MGRM TITLE GEORGE R TAYLOR NAME NAME STREET ADDRESS 1928 MONTEREY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change X Addition ☐ Delete TITLE MGRM TITLE NAME NAME ELEANOR C TAYLOR STREET ADDRESS STREET ADDRESS 1928 MONTEREY AVE' CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OR AUTHORIZED REPRESENTATIVE

FILED