

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90201 012 ****50.00

DOCUMENT # L01000000767

1. Entity Name

TRUST LAKE PARK ASSOCIATES, L.L.C.

Principal Place of Business

**C/O CLINTON COMMUNITIES, L.L.C.
 3225 AVIATION AVE., SUITE 700
 COCONUT GROVE FL 33133**

Mailing Address

**C/O CLINTON COMMUNITIES, L.L.C.
 3225 AVIATION AVE., SUITE 700
 COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1069430

Applied For

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

**CLINTON COMMUNITIES, L.L.C.
 3225 AVIATION AVE., SUITE 700
 COCONUT GROVE FL 33133**

Name

C/O Housing Trust Group

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

3225 AVIATION AVE SUITE 700

City

Coconut Grove

FL

Zip Code

33133

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **P-T Stewart Marcus**
 STREET ADDRESS **3225 Aviation Ave, Ste. 700**
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP-S Randy Rieger**
 STREET ADDRESS **3225 Aviation Ave, Ste. 700**
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VP Shawn Wilson**
 STREET ADDRESS **120 S. Dixie Highway, Ste. 204**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, or the partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Stewart Marcus

4/30/02

(305) 860-8188

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

Date

Daytime Phone #

CR2E083 (9/01)