## 2002 UNIFORM BUSINESS REPORT (URR)

SIGNATURE:

DOCUMENT # A97000001046  1. Entry Name  ARR VILLAGE SOLARE APARTMENTS, LTD.  Pino pol Paco of Business  Malling Address 448 2 SOLINGTE BLVD TAMPA R. 35813  2. Principal Place of Business  Surfa, Apil. 4, etc.  Surfa, Api	2002 UNIFORM BUSINESS REPORT (UBR)							APPRU	y L		
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Sulle, Apt. 4, etc.  City A. Sinte  City A. Sinte  Country  Countr	7110 TUDOR LANE 4102 B QUIXOTE BLVD						SECRETARY OF STATE TABLE AHASSEE, FLORIDA				
Sulle, Apt. 4, etc.  City A. Sinte  City A. Sinte  Country  Countr											1
Suite, Add F, etc.    Suite, Add F, etc.	2. Principal Place of Business						   		#  <b>                                    </b>	/8/  82    8	ļ
6. Name and Address of Current Registered Agent  SALVATORI, LEO J  4901 NORTH TAMIAMI TRAIL, SUITE 300  NAPLES FL 34103  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Signature Special Spe	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002				
6. Name and Address of Current Registered Agent  SALVATORI, LEO J  4901 NORTH TAMIAMI TRAIL, SUITE 300  NAPLES FL 34103  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Signature Special Spe	City & State			City & State NEW Port Richey Fl			4. FEI Number	59-3446181			nle.
SALVATORI, LEO J  SALVATORI, LEO J  SALVATORI, LEO J  STORES FL 34103  Sirest Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Cod	Zip	Zip Country		3 4653		SCO	5. Certificate of Status Desired \$8.75 Additional				
SALVATORI, LEO J 4501 NORTH TAMAMI TRAIL, SUITE 300 NAPLES FL 34103  City FL Zip Code  6. 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 SQUARM, foreit or printed neared diregistered appreciation in spot loads.  9. Capital Contributions as Shown on record.  11. MAKE PHEEK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  12. CICHARD CONTRIBUTION TO THE CHANGES ONLY  DOCUMENT IN MAKE STREET ADDRESS  CITY-ST-2P TAMPA FL 33813  CITY-ST-2P  DOCUMENT / NAME STREET ADDRESS  CITY-ST-2P  DOCUMENT / NAME ST							7. Name and /	Address of New R	egistered Ager	ıt	7
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  Symbol to provide Name of Registered agent and 15th 8 periodicits.  9. Capital Contributions \$691,200.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVENSES Side Fig. Rev	4501 NORTH TAMIAMI TRAIL, SUITE 300										
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