

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008768 AF

DOCUMENT # L00000000163

1. Entity Name
LYNNDALE APARTMENTS, LC

2. Principal Place of Business
200 SOUTH BISCAYNE BLVD., STE. 1050
FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2904

Mailing Address
200 SOUTH BISCAYNE BLVD., STE. 1050
FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2904



2. Principal Place of Business
1623 Collins Ave
Suite, Apt. #, etc. #909

3. Mailing Address
1623 Collins Ave
Suite, Apt. #, etc. #909

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach FL

City & State
Miami Beach FL

4. FEI Number 65-0991351 Applied For Not Applicable

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

Zip 33139 Country DADE Zip 33139 Country DADE

6. Name and Address of Current Registered Agent

BENNETT, JOSH N
C/O THE LAW FRIM OF JOSH N. BENNETT, ESQ
200 S BISCAYNE BLVD STE 1050 1ST UNION FIN
MIAMI FL 33131-2904

511 NE 3rd Ave
2nd floor
Fort Lauderdale FL
33301

7. Name and Address of New Registered Agent

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 _____ (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 L.A.Q. Trust 511 NE 3rd Ave, 2nd floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Blue Sky Trust 511 NE 3rd Ave, 2nd floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM The Calm Waves Trust 511 NE 3rd Ave 2nd floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fort Lauderdale FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Virginia Dominguez Date: March 25, 2001 Daytime Phone #: 305 534-9090

CR2E083 (11/00)