

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90024 003 \*\*\*\*50.00

**DOCUMENT # L00000000271**

1. Entity Name

**PARK APARTMENTS AT DEERFIELD BEACH L.L.C.**

Principal Place of Business

C/O DAVID MORROW  
 10837 CHARLESTON PLACE  
 COOPER CITY FL 33026

Mailing Address

C/O DAVID MORROW  
 10837 CHARLESTON PLACE  
 COOPER CITY FL 33026

2. Principal Place of Business

**GLO ID M MANAGEMENT**

3. Mailing Address

**4300 N UNIVERSITY DRIVE**

Suite, Apt. #, etc.

**B-104 4300 N. UNIVERSITY**

Suite, Apt. #, etc.

**B-104**

City & State

**LAUDERHILL FL**

City & State

**LAUDERHILL FL**

Zip

**33351**

Country

**BROWNS**

Zip

**33351**

Country

**BROWNS**

4. FEI Number

**65-0974124**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, NORMAN T**  
**50 WEST MASHTA DRIVE, #2**  
**KEY BISCAYNE FL 33149**

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

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

TITLE: **MGR**  
 NAME: **I.D.M. MANAGEMENT, INC.**  
 STREET ADDRESS: **10837 CHARLESTON PLACE**  
 CITY-ST-ZIP: **COOPER CITY FL 33026**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

TITLE:   
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☐ Change ☐ Addition

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 CITY-ST-ZIP:   
☐ Change ☐ 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** *[Signature]*

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

**3/29/02**

Date

**9577482975**

Daytime Phone #

CR2E083 (9/01)