

2001 UNIFORM BUSINESS REPORT (UBR)

0008763 AF

DOCUMENT # L00000000467

1. Entity Name
LYNNDALE APARTMENTS II, LC

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~FIRST UNION FINANCIAL CENTER, SUITE 1050~~ ~~FIRST UNION FINANCIAL CENTER, SUITE 1050~~
~~200 SOUTH BISCAYNE BLVD.~~ ~~200 SOUTH BISCAYNE BLVD.~~
~~MIAMI FL 33131-2394~~ ~~MIAMI FL 33131-2394~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1623 Collins Ave 1623 Collins Ave
 Suite, Apt. #, etc. # 909 Suite, Apt. #, etc. # 909

City & State City & State
 Miami Beach FL Miami Beach, FL

4. FEI Number 65-0991353 Applied For Not Applicable

Zip Country Zip Country
 33139 DADE 33139 DADE

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

BENNETT, JOSH N ESQ, PA 511 NE 3rd Ave
~~FIRST UNION FINANCIAL CENTER, SUITE 1050~~ 2nd floor
~~200 SOUTH BISCAYNE BLVD.~~ Fort Lauderdale
 MIAMI FL 33131-2394 FL 33301

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

10. ADDITIONS/CHANGES

TITLE MGRM
 NAME L.A.Q. Trust
 STREET ADDRESS 511 NE 3rd Ave 2nd floor
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS 800003993528--5
 CITY-ST-ZIP -04/12/01--01023--021

TITLE MGRM
 NAME Blue Sky Trust
 STREET ADDRESS 511 NE 3rd Ave 2nd floor
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM
 NAME The Calm Waves Trust
 STREET ADDRESS 511 NE 3rd Ave 2nd floor
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Fort Lauderdale
 STREET ADDRESS FL 33301
 CITY-ST-ZIP

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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 March 25/2001 534-9090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E063 (11/00)