

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90032 025 *****50.00

U01/334

DOCUMENT # L00000000467

1. Entity Name

LYNNDALE APARTMENTS II, LC



Principal Place of Business

**1623 COLLINS AVE., #909
MIAMI BEACH FL 33139**

Mailing Address

**1623 COLLINS AVE., #909
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **P.O. Box 190924
Miami Beach, FL**

Suite, Apt. #, etc. **P.O. Box 190924
Miami Beach, FL
33119-0924**

City & State **33119-0924**

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0991353**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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., 2ND FLOOR
FT LAUDERDALE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N/A**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
NAME **L.A.O. TRUST**
STREET ADDRESS **511 NE 3RD AVE., 2ND FLOOR**
CITY-ST-ZIP **FT LAUDEDALE FL 33301**

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

TITLE **MGRM** ☐ Delete
NAME **BLUE SKY TRUST**
STREET ADDRESS **511 NE 3RD AVE., 2ND FLOOR**
CITY-ST-ZIP **FT LAUDEDALE FL 33301**

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

TITLE **MGRM** ☐ Delete
NAME **THE CALM WAVES TRUST**
STREET ADDRESS **511 NE 3RD AVE., 2ND FLOOR**
CITY-ST-ZIP **FT LAUDEDALE FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Virginia Dominguez

March 25/03

305-534-9090

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

Date

Daytime Phone #

CR2E083 (10/02)