

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000000925

1. Entity Name

PENINSULA APARTMENTS LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5103 RAULES

3. Mailing Address

P.O. Box 272108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAMPA FL

City & State TAMPA, FL

4. FEI Number

59-3621368

Applied For

Not Applicable

Zip 33624  
33688

Country Hills

Zip 33688

Country HI

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL CUEVAS

Street Address (P.O. Box Number is Not Acceptable)

5103 RAULES Rd.

TAMPA  
City

FL

Zip Code

33624

**DO NOT WRITE  
IN THIS SPACE**

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

Michael Cuevas

DATE

6/10/02

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR/MGR CANDIDO LLANO 5103 RAULES Rd. TAMPA FL 33624
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**DO NOT WRITE  
IN THIS SPACE**

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:

Jesús Llano

4/30/02

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

Date

Daytime Phone #

CR2E083B (12/01)