

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000003029**

1. Entity Name

AMERICAN PROPERTIES AT MONTERREY, LLC

Principal Place of Business

**8660 COLLEGE PARKWAY SUITE 250
FT. MYERS FL 33919**

Mailing Address

**8660 COLLEGE PARKWAY SUITE 250
FT. MYERS FL 33919**

2. Principal Place of Business

15250 Sonoma Dr.

Suite, Apt. #, etc.

3. Mailing Address

15250 Sonoma Dr.

Suite, Apt. #, etc.

City & State

Ft. Myers, FLZip
33908

Country

USA

City & State

Ft. Myers, FLZip
33908

Country

USA

4. FEI Number

65-0991127

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ESOLDI, DAVID J**8660 COLLEGE PARKWAY SUITE 250
FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

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

15250 Sonoma Dr.

City

Ft. Myers, FL

Zip Code

33908

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

David J. Esoldi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	WEINGARTEN, ALLEN			
	517 ROUT 1 SOUTH SUITE 2100			
	ISELIN NJ 08830			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	ESOLDI, DAVID J			
	8660 COLLEGE PARKWAY SUITE 250			
	FT. MYERS FL 33919			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	CSIK, RANDY			
	517 ROUT 1 SOUTH SUITE 2100			
	ISELIN NJ 08830			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		15250 Sonoma Dr.			
		Ft. Myers, FL	33908		

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:**SIGNATURE REQUIRED**

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

4/12/02

Date

732-283-9700

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90134 047 ****50.00

954553

- STATE

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)