2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90015 028 ****50.00

DOCUMENT # L00000006812

1. Entity Name

REVERE APARTMENTS, LLC

Principal Place of Business	Mailing Address
1520 E. FLETCHER AVENUE TAMPA FL 33612	1520 E. FLETCHER AVENUE TAMPA FL 33612

2. Principal Place of Business	3. Mailing Address
Revere Apartments	Revere apartments
Suite, Apt. #, etc.: 1520 E Fletcher Ave	Suite, Apt. #, etc.: 1520 E Fletcher Ave
City & State: Tampa FL	City & State: Tampa FL
Zip: 33612 Country: Hillsborough	Zip: 33612 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650757 ☐ Applied For ☐ Not Applicable

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
FINE, JERROLD A 1520 E. FLETCHER AVENUE TAMPA FL 33612	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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINE, JERROLD A 3637 MOTOR AVENUE, SUITE 200 LOS ANGELES CA 90034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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] Manager 2-18-02 813-979-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #