

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008964

1. Entity Name
MARY LOU APARTMENTS, L.L.C.

FILED

01 FEB -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4601 SHERIDAN STREET, STE 505
HOLLYWOOD FL 33021

Mailing Address
4601 SHERIDAN STREET, STE 505
HOLLYWOOD FL 33021

2. Principal Place of Business
217 N. 19TH AVENUE
Suite, Apt. #, etc.
4

3. Mailing Address
P.O. BOX 695
Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip
33020

Country
USA

Zip
33022

Country
USA

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, MARK F
4601 SHERIDAN ST., STE 505
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1720 HARRISON STREET
SUITE 6C-W
City
HOLLYWOOD FL Zip Code
33020

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 MARK F. BUTLER 1-24-01
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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
MANAGING MEMBER	MARK F. BUTLER	1720 HARRISON ST	SUITE 6C-W	HOLLYWOOD FL 33020	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	

10. ADDITIONS/CHANGES

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

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: MARK F. BUTLER 1-24-01 954925-8441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)