2001 UNIFORM BUSINESS REPORT (URB)

					(ODII)	 -				
DOCUMENT # L0000009297 1. Entity Name							FILED			
TAHITI G	ARDENS APARTMENTS	AT LAU	IDERDALE LAK	E\$ L.			OLAPR 18	PM 2: 47		
		· 、				_	SECRETAR	Y OF STATE		
Principal Place of Business Mailing Address 4300 N. UNIVERSITY DRIVE, B-104 4300 N. UNIVERSITY DRIVE, B-106					4		TALLAHAS	SEE, FLORIDA		
2. Principal F	Place of Business	. Mailing Address				-				
Suite, Apt.	. #, etc.	s	Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEIN	4. FEI Number Applied For			
Zip ,	Country	z	ip	Cour	ntry	5. Certi	ficate of Status Desired	□ \$5.00 Ad	ditional	
	6. Name and Address of Curre	ent Registe	ered Agent			7. Nam	e and Address of New Re			
ROBERTS, NORMAN T										
50 WEST MASHTA DRIVE #2						s (P.O. Box Number is Not Acceptable)				
KEY BISCAYNE FL 33149					City Tip Code					
					FL 2pour					
8. The above	e named entity submits this statemen	t for the pu	rpose of changing its	register	ed office or regis	tered agent,	or both, in the State of Flori	da.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	annicable (NOT	SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 4. FEI Number Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code (NOTE: Registered Agent signature required when reinstating) E NOW!!! FEE IS \$50.00 1. DO 14 7 9 1 0 1 - 3 -04 / 26 / 01 - 010 10 - 024						
·	organistic, typed of printed flattle of registered ag	ent and the n	Title II applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State State of Plot Payable Payabl							
							-04/26	/0101010 	024	
			маке Спеск Ра	yable t	o Department	of State	****	50.00 *** *	50.00	
9.	MANAGING ME	MBERS/MI	EMBERS	10.			ADDITIONS/C	HANGES		
TITLE	MGR I.D.M. MANAGEMENT, INC.		☐ Delete		·			☐ Change	☐ Addition	
NAME STREET ADDRESS	4300 N. UNIVERSITY DRIVE, I LAUDERHILL FL 33351	3-104		STRE	ET ADDRESS					
CITY-ST-ZIP TITLE	LAUDENHILL FL 33331			_			· · · · · · · · · · · · · · · · · · ·	Channe		
NAME			□ Delete		1				☐ Addition	
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TITLE			Delete				· - -	☐ Change	☐ Addition	
NAME STREET ADDRESS					ľ					
CITY-ST-ZIP				CITY	-ST-ZIP			ź		
11. I hereby of indicated limited lial	pertify that the information supplied won this report is true and accurate a bility company or the receiver or trus	ith this filin nd that my tee empow	ng does not qualify for signature shall have t vered to execute this r	the exer he same eport as	mption stated in a legal effect as it required by Cha	Section 119.0 f made under apter 608, Flo	07(3)(i), Florida Statutes. I froath; that I am a managin rida Statutes.	urther certify that the ir g member or manage	nformation or of the	
SIGNAT	URE: //AAAAMOR	ROW	1 Kunn	-N	Novo	5	4/16/01			
	SIGNATURE AND TYPED OR PRINTED NAMI	E OF SIGNING	managing member, man	AGER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Daytime Phone #		