

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009297

1. Entity Name

TAHITI GARDENS APARTMENTS AT LAUDERDALE LAKES L.C.

Principal Place of Business

4300 N. UNIVERSITY DRIVE, B-104
LAUDERHILL FL 33351

Mailing Address

4300 N. UNIVERSITY DRIVE, B-104
LAUDERHILL FL 33351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **APPLIED FOR**

65-1030437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, NORMAN T
50 WEST MASHTA DRIVE #2
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

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 reappointing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **I.D.M. MANAGEMENT, INC.**
STREET ADDRESS **4300 N. UNIVERSITY DRIVE, B-104**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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]

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

3/29/02

954 749 2975

Date

Daytime Phone

FILED
May 01, 2002 8:00 am
Secretary of State

04-03-2002 90024 002 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)