## -2002 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # L0000009993 1: Entity Name 02 FEB 15 PM 3: 20 CROWN LAKE EVE APARTMENTS, LC SECRETARY OF STATE TALLAHASSEE, FEORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3671100 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, BERRY J JR, ESQ Street Address (P.O. Box Number is Not Acceptable) C/O WALKER AND TUDHOPE, P.A. 235 MAITLAND AVENUE SOUTH, SUITE 216 MAITLAND FL 32751 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 900004946349--1 Make Check Payable to Department of State -02/18/02--01023--011 Due By May 1, 2002 \*\*\*\*<u>\*50.00</u> <u>\*\*\*\*\*50,00</u> MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR Addition TITLE Delete TITLE ☐ Change NAME GUARDIAN EQUITIES CROWN LAKE EVE APARTMENT NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP MAITLAND FL 32751 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Celete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

11. I hereby certify that the information supplied with this filing does not fualify 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. limited liability company or

NAME

STREET ADDRESS

ke Eve Apts Mgr, LLC

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME TIZED REPRESENTATIVE

NAME

**STREET ADDRESS** 

CITY-ST-ZIP

APPROVED