


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90051 026 \*\*\*\*50.00

<b>DOCUMENT #</b> L00000010067 <b>1. Entity Name</b> GUARDIAN EQUITIES CROWN LAKE EVE APARTMENTS MANAGER, LC	
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**DO NOT WRITE IN THIS SPACE**

**24054325**

<b>2. Principal Place of Business</b> 875 Concourse Parkway Suite, Apt. #, etc. Suite 150 City & State Maitland, FL Zip 32751		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. City & State City & State Zip Country US		<b>4. FEI Number</b> 59-3671102	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name Thomas R. Burns, Esq.	
	Street Address (P.O. Box Number is Not Acceptable) 875 Concourse Parkway S, Suite 150	
	City Maitland	FL Zip Code 32751

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

**3/16/04**

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MBR Alan H. Ginsburg 875 Concourse Parkway S, Suite 150 Maitland, FL 32751	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone \*

CR2E083B (12/02)