

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90084 026 ****50.00

DOCUMENT # L00000011642

1. Entity Name

PARKCREST APARTMENTS, L.L.C.

Principal Place of Business

4050 NORTHEAST 1ST AVE., STE. 117
 OAKLAND PARK FL 33334

Mailing Address

4050 NORTHEAST 1ST AVE., STE. 117
 OAKLAND PARK FL 33334

85999

2. Principal Place of Business

150 NE 38 ST
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 24943
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

59-2460145

Zip

33334

Country

USA

Zip

33307-4943

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BANTA, BRADFORD C
 4050 NORTHEAST 1ST AVE., STE. 117
 OAKLAND PARK FL 33334

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	BANTA, CATHERINE M	4050 NORTHEAST 1ST AVE., STE. 117	OAKLAND PARK FL 33334	<input type="checkbox"/>
MGR	BANTA, BRADFORD C	4050 NORTHEAST 1ST AVE., STE. 117	OAKLAND PARK FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>

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"/>

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:

Bradford C Banta
SIGNATURE REQUIRED

4-30-02

4-3-02

954-346-0759

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

Date

Daytime Phone #

CR2E083 (9/01)