2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011642

1. Entity Name

PARKCREST APARTMENTS, L.L.C.

Principal Place of Business	Mailing Address
150 NW 38 ST OAKLAND PARK FL 33334	P O BOX 24943 FT. LAUDERDALE FL 33307-4943

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	
150 NE 38 ST		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **59-2660145** — Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BANTA, BRADFORD C 4050 NORTHEAST 1ST AVE., STE. 117 OAKLAND PARK FL 33334	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE **MGR** NAME **BANTA, CATHERINE M** STREET ADDRESS **4050 NORTHEAST 1ST AVE., STE. 117** CITY-ST-ZIP **OAKLAND PARK FL 33334**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGR** NAME **BANTA, BRADFORD C** STREET ADDRESS **4050 NORTHEAST 1ST AVE., STE. 117** CITY-ST-ZIP **OAKLAND PARK FL 33334**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: *Catherine M Banta* CATHERINE M. BANTA 4/14/03 (954) 566-0759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #