

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013016 AF

DOCUMENT # L00000012317

1. Entity Name  
BYRON APARTMENTS, LLC

FILED

01 APR 30 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5060 S.W. 119TH AVENUE  
COOPER CITY FL

Mailing Address  
5060 S.W. 119TH AVENUE  
COOPER CITY FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1088484

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

ADARIO, MICHAEL  
5060 SW 119TH AVENUE  
COOPER CITY FL 33330

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: ~~MANAGER~~  
NAME: MICHAEL V. ADARIO  Delete  
STREET ADDRESS: 5060 SW 119 AVE  
CITY-ST-ZIP: Cooper City, FL 33330-4403

TITLE: MANAGER  Change  Addition  
NAME: MICHAEL V. ADARIO  
STREET ADDRESS: 5060 SW 119 AVE  
CITY-ST-ZIP: Cooper City, FL 33330-4403

TITLE: ~~MANAGER~~  
NAME: RANDI M. ADARIO  Delete  
STREET ADDRESS: 5060 SW 119 AVE  
CITY-ST-ZIP: Cooper City, FL 33330-4403

TITLE: MANAGER  Change  Addition  
NAME: RANDI M. ADARIO  
STREET ADDRESS: 5060 SW 119 AVE  
CITY-ST-ZIP: Cooper City, FL 33330-4403

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS: 400004218104--6  
CITY-ST-ZIP: -05/15/01--01109--022

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
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:

*Michael V. Adario*

4-26-01 954-680-4944

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

Date

Daytime Phone #

CR2E083 (11/00)