

2001 UNIFORM BUSINESS REPORT (UBR)

003178 AF

DOCUMENT # L00000012760

1. Entity Name
RESANTA PROPERTIES, L.L.C.

FILED

01 APR -4 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address
1633 BAYSHORE HIGHWAY, STE. 321
BURLINGAME CA 94010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

FUCHS, LAWRENCE M ESQ.
FUCHS AND JONES, P.A.
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

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 MGR
NAME LEE, ERIC L
STREET ADDRESS 1 PLACE MOULIN
CITY-ST-ZIP TIBURON CA 94920

☐ Delete

TITLE PD
NAME LEE, JUSTA
STREET ADDRESS 2790, 19th Ave. (Apt. 9)
CITY-ST-ZIP SE, CA 94132

☐ Change ☒ Addition

TITLE PD
NAME LEE,
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE TD
NAME LEE, RICHARD
STREET ADDRESS 2790, 19th Ave (Apt. 9)
CITY-ST-ZIP SE, CA 94132

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Eric L. Lee

3/25/01

(415) 435-6606

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

Date

Daytime Phone #

CR2E083 (11/00)