

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013778

1. Entity Name
CAROL PARK APARTMENTS, LLC

Principal Place of Business Mailing Address
5350 10TH AVE N 5350 10TH AVE N
LAKE WORTH FL 33463 LAKE WORTH FL 33463

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BECK, SUZANNE M
5350 10TH AVE N
LAKE WORTH FL 33463

FILED
01 SEP 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054044 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER C R COOPER ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER C R COOPER STEER 5350 10TH AVE N LAKE WORTH, FL 33463 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER SUZANNE M BECK STEER 5350 10TH AVE N LAKE WORTH, FL 33463 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
800004614458-2 -09/27/01--01096--007 *****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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: [Signature] 2-11-01 561-964-6927

STAPLE CHECK HERE

0005761

CR2E083 (5/01)