

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90187 006 ***150.00

DOCUMENT # L00000013778

1. Entity Name

CAROL PARK APARTMENTS, LLC

Principal Place of Business

5350 10TH AVE N
 LAKE WORTH FL 33463

Mailing Address

5350 10TH AVE N
 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

4. FEI Number 65-1054044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

C.R. COOPER CPA

Street Address (P.O. Box Number is Not Acceptable)

5350 10TH AVE N.

STE 8

City

LAKE WORTH

FL

Zip Code

33463

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

C.R. Cooper
 Signature, typed or printed name of registered agent and title if applicable.

C.R. COOPER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE MEM
 NAME COOPER, C.R.
 STREET ADDRESS 5350 10TH AVE N
 CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE MEM
 NAME BECK, SUZANNE M
 STREET ADDRESS 5350 10TH AVE N
 CITY-ST-ZIP LAKE WORTH FL 33463 ☐ 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 MGR, MEM
 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

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:

C.R. Cooper
 SIGNATURE REQUIRED

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

Date

4/24/02

Daytime Phone #

561-964-6927

CR2E083 (9/01)