

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 100000014167

1. Entity Name

Las Palmas, L.L.C.

FILED

02 JUN 28 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10000 Northwest 45th Terrace

3. Mailing Address

600 Atlantic Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2000

City & State

Miami, FL

City & State

Boston, MA

4. FEI Number

04-3541601

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

02210

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street, Suite 105

City

Tallahassee

FL

Zip Code

32301

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

000006105430--0

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

NAME

STREET ADDRESS

CITY-ST-ZIP

Robert E. DeWitt, President
Windsor Realty Fund-III B Investors Corporation
600 Atlantic Avenue, Suite 2000
Boston, MA 02210

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

MGR

NAME

STREET ADDRESS

CITY-ST-ZIP

Peter S. Martin, Treasurer
Windsor Realty Fund-III B Investors Corporation
600 Atlantic Avenue, Suite 2000
Boston, MA 02210

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

Peter S. Martin

Date

6/25/02

Daytime Phone #

617-854-9147

CR2E083B (12/01)