2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014961

1. Entity Name

MEADOW LAKES APARTMENTS, L.L.C.

Principal Place of Business | Mailing Address

FILED
01 JUN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
VILLAS AT MEADOW LAKES			
Suite, Apt. #, etc: 1258 SOUTH MILITARY TRAIL		Suite, Apt. #, etc.	
City & State: DEERFIELD BEACH, FL.		City & State	
Zip: 33442	Country: BROWARD	Zip	Country

4. FEI Number: 65-1055775 ☐ Applied For ☐ Not Applicable

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

Name: BILL ROGERS / SMITH, GAMBRELL & RUSSELL LLP

Street Address (P.O. Box Number is Not Acceptable): BANK OF AMERICA TOWER - SUITE 2200

50 NORTH LAURA STREET

City: JACKSONVILLE FL Zip Code 32202

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: Bill Rogers BILL ROGERS

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

900004463039--1
-07/06/01--01108--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: COMMUNITY MANAGER NAME: CHERYL WEINER - MGR STREET ADDRESS: 1258 SOUTH MILITARY TRAIL CITY-ST-ZIP: DEERFIELD, FLA 33442	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PORTFOLIO MANAGER NAME: ANNA SWANN - MGRM STREET ADDRESS: 1505 NORTHSIDE DR. CITY-ST-ZIP: ATLANTA, GA 30318-4208	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Anna Swann 4/29/01 404-367-653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #