

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014961

1. Entity Name

MEADOW LAKES APARTMENTS, L.L.C.

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 022 ****50.00

974686



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

VILLAS AT MEADOW LARES
 1258 SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442

VILLAS AT MEADOW LARES
 1258 SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1055775**

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

BILL ROGERS/SMITH, GAMBRELL & RUSSELL LLP
BANK OF AMERICA TOWER - SUITE 2200
50 NORTH LAURA STREET
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

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 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
 NAME **WEINER, CHERYL**
 STREET ADDRESS **1258 SOUTH MILITARY TRAIL**
 CITY-ST-ZIP **DEERFIELD FL 33442**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Kevin Newsom**
 STREET ADDRESS **1258 S. Military Trail**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **MGRM** ☒ Delete
 NAME **SWANN, ANNA**
 STREET ADDRESS **1505 NORTHSIDE DRIVE**
 CITY-ST-ZIP **ATLANTA GA 30318-4208**

TITLE **RPM** ☒ Change ☐ Addition
 NAME **Debra Juel**
 STREET ADDRESS **7770 W. Oaklands Park Blvd. Ste. 200**
 CITY-ST-ZIP **Sunrise, FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 REQUIRED

8-14-02

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

Date

Daytime Phone #

CR2E083 (4/02)