

2002 UNIFORM BUSINESS REPORT (UBR)

9/11/2002-90061-042-\$55.00-\$55.00
 * 5/22/2002-90216-018-\$55.00-\$55.00

FILED

DOCUMENT # L00000015123

1. Entity Name

R.E.I.M. APARTMENTS, L.C.

NOV 15 AM 9:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

378 CENTERPOINTE CIR., STE. 1272
 ALTAMONTE SPRINGS FL 32701

Mailing Address

P.O. BOX 953066
 LAKE MARY FL 32785-3066

2. Principal Place of Business

283 Cranes Roost Blvd.

Suite, Apt. #, etc.

Suite 111

City & State

Altamonte Springs, FL.

Zip

32701

County

Seminole

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0490380

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VANDEWATER, GLENN T ESQ.
 378 CENTERPOINTE CIR., STE. 1272
 ALTAMONTE SPRINGS FL 32701

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAJZOU, SAMER S P.O. BOX 953066 LAKE MARY FL 32785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (4/02)

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

9-7-02
 Date

(407) 493-3502
 Daytime Phone #