

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L000000016132

**1. Entity Name**  
EMERALD LAKE APARTMENTS, LLC

**Principal Place of Business** **Mailing Address**  
9202 OLMSTAD DR  
LAKE WORTH, FL 33467

**FILED**  
01 FEB 28 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business** **3. Mailing Address**  
9202 OLMSTAD DR  
Suite, Apt. #, etc.

**City & State** **City & State**  
LAKE WORTH, FL  
**Zip** **Country** **Zip** **Country**  
33467

**4. FEI Number** **Applied For**  
65-1065190 ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
LAWRENCE B. HAWKINS  
9202 OLMSTAD DR  
LAKE WORTH, FL 33467

**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.**

**SIGNATURE**  **LAWRENCE B. HAWKINS** **CO-MANAGER** **2/6/01**  
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**

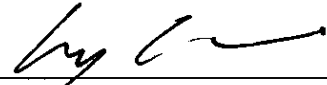
**9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> LAWRENCE B. HAWKINS 9202 OLMSTAD DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CO-MANAGER</b> ROBERT R. HOWARD JR 2484 WATSON DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **2/6/01** **561-968-3238**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)