

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

7/3/2003-90001-026-\$50.00-\$50.00

DOCUMENT # L00000016132

1. Entity Name

Emerald Lake
Apartments LLC



DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -5 AM 10:17

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9202 Olmstead Dr.

3. Mailing Address

9202 Olmstead Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

65-1005190

Applied For

Not Applicable

Zip

33467

Country

Zip

33467

Country

5. Certificate of Status Desired: ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Lawrence B. Hawkins

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

9202 Olmstead Drive

City

Lake Worth

FL

Zip Code

33467

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IN THIS SPACE**

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 re-registering)

DATE

****January 1 - May 1 Fee is \$150.00**

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
Lawrence B. Hawkins
9202 Olmstead Drive
Lake Worth FL 33467

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
Robert R. Horner Jr.
2484 Waterside Dr.
Lake Worth FL 33467

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/03

Date

561-918-3238

Corporate Phone #

CR2E034B (12/02)