

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91159 001 \*\*\*\*50.00

**DOCUMENT # L01000000767**

1. Entity Name

TRUST LAKE PARK ASSOCIATES, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3225 Aviation Avenue

Suite, Apt. #, etc.  
Suite 700

City & State  
Coconut Grove, FL

Zip  
33133

Country  
USA

3. Mailing Address  
3225 Aviation Avenue

Suite, Apt. #, etc.  
Suite 700

City & State  
Coconut Grove, FL

Zip  
33133

Country  
USA

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4. FEI Number 65-1069430

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name Clinton Communities, L.L.C.

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

3225 Aviation Avenue, Suite 700

City Coconut Grove, FL

FL Zip Code 33133

**DO NOT WRITE  
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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stewart Marcus 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Randy Rieger 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W. Peter Temling 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wayne O. Norris 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shawn Wilson 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
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IN THIS SPACE**

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: W. Peter Temling  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03 (305) 860-8188  
Date Daytime Phone #

CR2E083B (12/02)