## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100002000

1. Entity Name

CHAPEL TRUST ASSOCIATES, L.L.C.

| Principal Place of Business                               | Mailing Address   |                             |
|---|---|-----------------------------|
| 3225 AVIATION AVE.<br>SUITE 700<br>COCONUT GROVE FL 33133 | 3225 AVIATION AVE.<br>SUITE 700<br>COCONUT GROVE FL 33133 |                             |
|   | × ·   | ) BIRANADA ANA ARK          |
| 2. Principal Place of Business                            | 3. Mailing Address  |                             |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                                       | c                           |
| City & State  | City & State  | 4. FEI Number<br>65-1072093 |

**FILED** Jul 16, 2002 8:00 am Secretary of State

05-22-2002 90201 011 \*\*\*\*50.00

38889

Applied For



DO NOT WRITE IN THIS SPACE

4/3402

Date

(305) 860-8198

Daytime Phone #

| Zip   | Country   | Zip                         | Country  | 5. Certificate of Status De           | sired        | Additional |
|---|---|-----------------------------|--|---------------------------------------|--------------|------------|
|   | 6. Name and Address of Current  | Registered Agent            |  | 7. Name and Address of                | Fee Requ     | irea .     |
| CLINTON CUMMUNITIES, L.L.C. 3225 AVIATION AVE. SUITE 700 COCONUT GROVE FL 33133 |   | 32                          |  | Group<br>eptable) Surfe 70            |              |            |
|   |   |                             |  | ut Grove                              | FL 學分        | 73<br>33   |
| SIGNATURE   | e named entity submits this statement (c<br>Signature, typed or primed name of registered agent |                             |  |                                       |              | •          |
| <del></del>   | odium et Aban et bannen umste et indesteuen adeur   | end sae a applicable.       | NOTE: Registered Agent signature requin                              | d when reinstating)                   | DATE         |            |
| <del></del>   |   | Make Check                  | NOW!!! FEE IS \$50.00<br>Payable to Department<br>Due By May 1, 2002 | of State                              |              |            |
| 9.  | MANAGING MEMBE  | RS/MANAGERS                 | 10.  | ADDIT                                 | IONS/CHANGES |            |
| CITY-ST-ZIP   | P-T<br>Stewart Marcus<br>3225 Aviation Ave, St<br>Coconut Grove, FL. 3                          | 3133.                       | TITLE NAME STREET ADORESS CITY-ST-ZIP                                |                                       | ☐ Change     | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | VP-S<br>Randy Rieger<br>3225 Aviation Ave., S<br>Coconut Grove, FL 3                            |                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |                                       | ☐ Change     | ☐ Addition |
| STREET ADDRESS  | MP<br>Shawn Wilson<br>120 S. Dixie Highway<br>West Palm Beach, FL                               | Ste. 204_33401              | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |                                       | Change       | Addition   |
| TREET ADDRESS   | ///<br>Pichard Goldberg<br>3225 Aviation Ave, St<br>Coconut Grove, FL 33                        | □ Delete<br>ce. 700<br>3133 | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | ·                                     | ☐ Change     | Addition   |
| ITLE<br>Lame<br>Treet adoress<br>ITY-ST-ZIP                                     |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | ,                                     | ☐ Change     | ☐ Addition |
| ITLE<br>AME<br>IREET ADDRESS<br>ITY-ST-ZIP                                      |   | Delete .                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | · · · · · · · · · · · · · · · · · · · | ☐ Change     | ☐ Addition |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections<br>liability company submits the following<br>agent, or both, in the State of Florida. | 608.416 or 608.508, F<br>g statement in order to c | Florida Statutes, the change its registered | undersigned limited<br>office or registered |
|---|--|---|---|

| 1. The name of the limited liability company is: Chapel Trust Associates, LLC   |
|---|
| 2. The mailing address of the limited liability company is: 3225 Aviation Avenue, Suite 700   |
| Coconut Grove, FL 33133   |
|   |
| Feb. 6, 2001  |
| 3. Date of filing/registration in Florida 4. Document number  |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   |
| - Glinton-Communities, LIC - Name   |
| $\cdot$   |
| 3225 Aviation Avenue, Suite 700 Address   |
| Coconut Grove, FL 33133   |
| City, State and Zip   |
| 6. The name and address of the new registered agent and/or office:  |
| Housing Trust Group   |
| Name  |
| 3225 Aviation Avenue, Suite 700   |
| Florida street address (P.O. Box NOT acceptable)  |
| Coconut Grove FL 33133  |
| City, State and Zip   |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. |
| (Signature of a member or authorized representative of a member)  |
| STEWART MARCUS (Printed or typed name of signee)  |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent)                       |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00





38889

3225 Aviation Avenue - PH Suite - Coconut Grove, FL 33133 - Tel: 305.860.8188 - Fax: 305.860.8308 - www.HousingTrustGroup.com

July 11, 2002

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

RE: Chapel Trust Associates, LLC 2002 Uniform Business Report L01000002000

Dear Sirs:

In response to your letter of May 30<sup>th</sup>, 2002 in which you request the new registered agent's acceptance of such designation, attached please find copy of "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company", which is being sent to your Division of Corporations on this same date so they can proceed with the change.

We hope that this information is sufficient in order for you to complete the filing.

Thank you.

Very truly yours,

Kenneth G. Cassel

**Chief Operating Officer** 

Enclosure

, 47 Sept.