

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

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

05-05-2003 91159 019 ****50.00

DOCUMENT # L01000002000

1. Entity Name

CHAPEL TRUST ASSOCIATES, L.L.C. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3225 Aviation Avenue

3. Mailing Address
3225 Aviation Avenue

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.
Suite 700

City & State
Coconut Grove, FL

City & State
Coconut Grove, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

4. FEI Number 65-1072093

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name Housing Trust Group of Florida, LLC

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

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CITY-ST-ZIP

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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:

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

W. PETER TEMLING

4/30/03

Date

(305) 860-8188

Daytime Phone #

CR2E083B (12/02)