

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90693 014 ****55.00

DOCUMENT # L01000002726

1. Entity Name

HERITAGE GREENS APARTMENTS, LLC



Principal Place of Business

2400 EAST COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE FL 33308

Mailing Address

2400 EAST COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE FL 33308

2. Principal Place of Business

8445 Springtree Dr
Suite, Apt. #, etc.

3. Mailing Address

8445 Springtree Dr
Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33351

Country

Brodward

Zip

33351

Country

Brodward

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 EAST COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: Constantin Ardelean
Street Address (P.O. Box Number is Not Acceptable):
8445 Springtree Dr
City: Sunrise FL Zip Code: 33351

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: Constantin Ardelean
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRP
NAME: ARDELEAN, CONSTANTIN
STREET ADDRESS: 8445 SPRINGTREE DR
CITY-ST-ZIP: SUNRISE FL 33351

TITLE: MGR
NAME: ARDELEAN, SORIN
STREET ADDRESS: 2601 NE 18TH STR
CITY-ST-ZIP: POMPANO BEACH FL 33062

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10. ADDITIONS/CHANGES

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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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: CONSTANTIN ARDELEAN
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date: 4/28/03 Daytime Phone #: (561) 742-8960

CR2E083 (10/02)