1/17/2002-90011-(
* 7/30/2002-9042

FILED
Aug 15, 2002 8:00 am
Secretary of State

07-30-2002 90426 001 ****55.00
01-17-2002 90011 046 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006134

1. Entity Name
MARLI APARTMENTS, LLC

Principal Place of Business	Mailing Address
615 N.E. 10TH ST. HALLANDALE FL 33009	615 N.E. 10TH ST. HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
MARLI Apts., LLC	SAME
Suite, Apt. #, etc. 1400 SW 57 Ave	Suite, Apt. #, etc.
City & State PLANTATION, FL	City & State
Zip 33317 Country USA	Zip Country

4. FEI Number 71-0884993 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMONENKO, ROBERT
615 N.E. 10TH ST.
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Simonenko, Robert 1400 SW 57th Ave Plantation FL 33317 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

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] SIGNATURE REQUIRED 7/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #