

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90225 045 ****50.00

DOCUMENT # L01000011510

1. Entity Name

THE BELMONT AT ST. LUCIE WEST, L.L.C.

Principal Place of Business

**7025 BERACASA WAY, STE. 107
 BOCA RATON FL 33433**

Mailing Address

**7025 BERACASA WAY, STE. 107
 BOCA RATON FL 33433**

86968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1132469

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KODSI & EISENSTEIN, P.A.
 701 WEST CYPRESS CREEK RD., STE. 302
 FT LAUDERDALE FL 33433**

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.

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager**
 NAME **BERNARD, Elie**
 STREET ADDRESS **7025 BERACASA WAY # 107**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE
 NAME
 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/02 501-395-6808

Date

Daytime Phone #

CR2E083 (9/01)