2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
02-19-2002 90041 026 ****50.00

DOCUMENT # L01000012837

1. Entity Name
LEPARC APARTMENTS, LLC

Principal Place of Business	Mailing Address
631 EAST CALL ST. ROAD TALLAHASSEE FL 32304	1447 STONE ROAD TALLAHASSEE FL 32303

27172 U04

DO NOT WRITE IN THIS SPACE

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 593135058 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOETZEL, RALPH 1447 STONE ROAD TALLAHASSEE FL 32303	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 _____ DATE
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. CHARLES COOPER 1358 THOMASWOOD DR TALL. FL 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DNL DIERSON TRUST 3330 ST. IVES TALL. FL. 32309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgm. Member ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LèC INV. INC. 5926 MILLER LANDING CIR TALL. FL. 32312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgm. Member ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LITTLE EGYPT TRUST 1447 STONE RD. TALL. FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgm. Member ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

CR2E083 (9/01)

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] 2-12-02 386.9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #