## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L01000012837

1. Entity Name

## LEPARC APARTMENTS, LLC



FILED 03 APR 23 PH 4: 37

				~~~	ELAMASSEE FLOR	71 E			
Principal Plac	e of Business	Mailing Address			EAMASSEE FLOR	(IDA			
		1447 STONE ROAD Tallahassee FL 32303							
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HER	CHECK HERE IF MAKING CHANGES				
City & Stat		City & State			4. FEI Number 50-27250		- I Ar	oplied For	
Oity & State		ony a orac			4. FEI Number 59-37350	58	<del></del>	ot Applicable	
Zip	Country Zip		Country		5. Certificate of Status Desired		5.00 Add		
<del></del>	6. Name and Address of Current	Registered Agent	<del></del>		7. Name and Address of New	7. Name and Address of New Registered Agent			
CTACTTCI DAIDU			-	Name					
1447	etzel, ralph ' Stone road		Street Addre		dress (P.O. Box Number is Not Acceptab	ile)			
TALI	AHASSEE FL 32303				<del></del>				
			<u></u>	City		FL	Zip Code	e	
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 obligat	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered /	Agent signatu	re required when reinstating)	DATE		- <del>-</del>	
		FILE N	OW!!! FI	EE IS \$	50.00				
Make Check Payable to Florida Department of State 00017330638  Due By May 1, 2003						1 <b>9</b> *50.00			
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	S/CHANGES		<del></del> -	
TITLE	MGRM	☐ Delete	TITLE				Change	☐ Addition	
NAME	COOPER, CHARLES DR		NAME	[	h			ĺ	
STREET ADDRESS CITY-ST-ZIP	1358 THOMASWOOD DR		CITY-S	TADDRESS   ST-71P	אלת			{	
TITLE	TALLAHASSEE FL 32308 MGRM	Delete	TITLE	-			7 Change	Addition	
NAME	PIERSON, DM TRUST	C) Delete	NAME	ľ	`		_ onenge		
STREET ADDRESS	5330 ST. IVES		STREET	ADDRESS				ĺ	
CITY-ST-ZIP	TALLAHASSEE FL 32309		CITY-S	iT-ZiP					
TITLE	MGRM	Delete	TITLE	ļ	MERM	100 \$	Change	Addition	
NAME	LEC INV. INC.	•	NAME	ADDRESO	Cast Williams	Ave			
STREET ADDRESS CITY-ST-ZIP	5926 MILLERLANDING AVE   TALLAHASSEE FL 32312		CITY-S	address T-ZIP	MGRM/nuestments, 5926 Miller Landi Tallahassee PL	323/2		Ì	
TITLE	MGRM	☐ Delete	TITLE		7		Change	Addition	
NAME	LITTLE EGYPT TRUST		NAME	,				}	
STREET ADDRESS	1447 STONE RD.			ADDRESS				j	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-S	3-ZIP					
TITLE		☐ Delete	TITLE	]		l_	] Change	☐ Addition	
STREET ADDRESS			NAME STREET	ADDRESS				[	
CITY-ST-ZIP			CITY-S	1				į	
TITLE		☐ Delete	TITLE					Addition	
NAME			NAME	}		_	-	_	
STREET ADDRESS				ADDRESS				j	
CITY-ST-ZIP	<del></del>		CITY-S		<del></del>				
11 I hereby o	this bellaar to antermetion curolied with	this filing does not qualify for	r tha avam	ntion etate	ed in Section 119 07/3\(i). Florida Statutes	<ul> <li>I further certify.</li> </ul>	that the ir	ntormation	

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 WANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

38,9266 Daytime Phone #