## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # L01000014859 02-18-2002 90184 042 \*\*\*\*50.00 HART PROPERTIES VI. LLC Principal Place of Business Mailing Address 6278 NORTH FEDERAL HWY., #265 6278 NORTH FEDERAL HWY., #265 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 22243 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1142212 Not Applicable Zip Country ZID Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART, GARRICK Street Address (P.O. Box Number is Not Acceptable) 6278 NORTH FEDERAL HWY., #265 FT LAUDERDALE FL 33308 Zip Code City FL 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, typed or printed name of registered apent 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 10. ADDITIONS/CHANGES MGRM Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME Hart, Garrick / Hart Luxury Homes CR2E083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILÉ 🔲 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-21P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME-NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP TITLE 2 Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the indicated on this report limited liability company ormation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 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 the receiver or truftee impowered to execute this report as required by Chapter 608, Florida Statutes.

FILED