

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0022805

DOCUMENT # L01000016027

1. Entity Name

NAVARRO LOWREY FLORIDA FUND I, LLC

02 MAY 21 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

301 SOUTH COLLEGE STREET, 25TH FLOOR
CHARLOTTE NC 28202

Mailing Address

301 SOUTH COLLEGE STREET, 25TH FLOOR
CHARLOTTE NC 28202

2. Principal Place of Business

521 E Morehead Street

3. Mailing Address

521 E Morehead Street

Suite, Apt. #, etc.

Suite 540

Suite, Apt. #, etc.

Suite 540

City & State

Charlotte NC

City & State

Charlotte NC

Zip

28202

Country

USA

Zip

28202

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATY, MARK C

1475 CENTREPARK BLVD., SUITE 100
WEST PALM BEACH FL 33401

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 *MGRM* ☐ Delete
NAME *NAVARRO Lowrey, Inc*
STREET ADDRESS *521 E Morehead St #540*
CITY-ST-ZIP *Charlotte NC 28202*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

FRANK E NAVARRO

4/25/02 (704) 372-0475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)