

5/12

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-12-2002 90584 007 ****55.00

DOCUMENT # L01000019625

1. Entity Name

COBBLESTONE APARTMENTS OF GAINESVILLE LLC

Principal Place of Business

**220 N. MAIN ST.
GAINESVILLE FL 32601**

Mailing Address

**P.O. BOX 13116
GAINESVILLE FL 32604**

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

94-3414319

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

**COLLIER, NATHAN S
220 N. MAIN ST.
GAINESVILLE FL 32601**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLIER, NATHAN S 220 N. MAIN ST. GAINESVILLE FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF NATHAN S. COLLIER

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

6/23/02

Date

352-375-2152

Daytime Phone #

CR2E083 (9/01)



*Attachment
of Doc. #
201000019625*

June 14, 2002

To: Division of Corporations
Annual Report Section

From: Evan Weber *Evan Weber*

Re: Missing Federal Employer ID Numbers on Annual Reports

My bad! You sent back a bunch of annual reports because I failed to write in the federal ID numbers. Here, then are your copies returned to you with the numbers filled in. They are:

Attachment of Doc. #

Cobblestone Apartments of Gainesville LLC	
4 NW 25th Street LLC	<i>201000001248</i>
103 Trade Winds LLC	<i>201000014937</i>
402 NW 36th Street LLC	<i>201000001249</i>
717 NW 34th Street LLC	<i>2010000014626</i>
2510 SW 2nd Avenue LLC	<i>20100000 1250</i>
2631 NW 1st Avenue LLC	<i>201000001245</i>

So, now, please file these annual reports, and in the case of Cobblestone Apartments of Gainesville LLC, return to me a certificate of status.

If you have any further questions or problems, please call me at 352/375-2152, ext. 302. Thanks so much.