

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90234 033 ****50.00

DOCUMENT # L01000020514

1. Entity Name

HAMLET APARTMENTS EQUITIES, LLC



Principal Place of Business

**THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG FL 33701
US**

Mailing Address

**C/O ERNEST L. MASCARA, PA
475 CENTRAL AVENUE, SUITE M8
ST. PETERSBURG FL 33701
US**

2. Principal Place of Business

15657 Redington Dr.
Suite, Apt. #, etc.

3. Mailing Address

15657 Redington Dr.
Suite, Apt. #, etc.

City & State

Redington Bch, FL

City & State

Redington Bch, Florida

Zip

33708-1739

Country

USA

Zip

33708-1739

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3757503**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MASCARA, ERNEST L
THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name: **Douglas J. Shephard**
Street Address (P.O. Box Number is Not Acceptable)
15657 Redington Drive
City **Redington Bch, FL** Zip Code **33708 FL 1739**

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 obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SHEPHARD, DOUGLAS J**
STREET ADDRESS **15657 REDINGTON DRIVE**
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

Douglas J. Shephard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/03 (727) 417-6610

CR2E083 (10/02)

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