

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022167

FILED

1. Entity Name

APARTMENT MANAGEMENT PROFESSIONALS, LLC

02 OCT 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

920 W. ORANGE ST.
LAKE CITY FL 32065

920 W. ORANGE ST.
LAKE CITY FL 32055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

RT. 18 Box 516

P.O. Box 2648

Suite, Apt. #, etc.
LAKE CITY

Suite, Apt. #, etc.
LAKE CITY

City & State

City & State

FL

FL

Zip

Country

Zip

Country

32025

USA

32056-2648

USA

4. FEI Number

22-3878862

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

ALLGEYER, EDWARD J
920 W. ORANGE ST. RT. 5 Box 5746
LAKE CITY FL 32065 LAKE BUTLER, FL 32054

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. 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MANAGING MEMBER	ED ALLGEYER	RT. 5 Box 5746	LAKE BUTLER, FL 32054	<input type="checkbox"/>
	H. MARSHALL DOUGLAS	RT. 18 Box 599	LAKE CITY, FL 32025	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-16-02
Date

Daytime Phone #

CR2E083 (4/02)

H. Marshall Douglas

Oct. 24, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is the revised 2002 Uniform Business Report for
APARTMENT MANAGEMENT PROFESSIONALS, LLC, per your request.

Please let me know if you have any other requirements.

Many thanks!

Sincerely,



H. Marshall Douglas