

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90022 037 ****50.00

DOCUMENT # L02000008742

1. Entity Name

ARBORSTONE APARTMENT COMPANY, LLC



Principal Place of Business

**491 N STATE ROAD 434, SUITE 125
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**491 N STATE ROAD 434, SUITE 125
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

P.O. Box 160580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

4. FEI Number

04-3639928

Applied For

Not Applicable

Zip

Country

Zip

Country

32716-0580

USA

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

**MARK MANAGEMENT, INC.
491 N STATE ROAD 434, SUITE 125
ALTAMONTE SPRINGS FL 32714**

Name **Meridythe Kanaga**

Street Address (P.O. Box Number is Not Acceptable)

491 N. S.R. 434, Suite 125

City **Altamonte Springs**

FL

Zip Code **32714**

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)

2/10/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P Kanaga, Meridythe**
STREET ADDRESS **491 N. S.R. 434, Suite 125**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S/T Kanaga, Rick**
STREET ADDRESS **491 N. S.R. 434, Suite 125**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Delete
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:

Meridythe Kanaga

Meridythe Kanaga

2/10/03

407-862-2292 x10

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

Date

Daytime Phone #

CR2E083 (10/02)