

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90575 022 ****50.00

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DOCUMENT # L02000013531

1. Entity Name

**THE COURTYARDS AT FLAGLER VILLAGE DEVELOPMENT, L
L.C.**



20003629



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 418 NORTHEAST 5TH STREET FORT LAUDERDALE FL 33301 US		Mailing Address 418 NORTHEAST 5TH STREET FORT LAUDERDALE FL 33301 US	
2. Principal Place of Business		3. Mailing Address P. O. Box 030399	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Lauderdale, Florida	
Zip	Country	Zip	Country
		33303	USA
4. FEI Number 52-2374198		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FELDMAN, PETER 418 NORTHEAST 5TH STREET FORT LAUDERDALE FL 33301		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. 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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Peter Feldman 418 N. E. 5th Street Fort Lauderdale, Florida 33301 <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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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)