

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90030 013 \*\*\*\*\*50.00

0052756

**DOCUMENT # L02000013902**

1. Entity Name

**HILLCREST APARTMENTS, L.L.C.**



Principal Place of Business

**500 N.E. 2ND STREET  
DANIA FL 33004**

Mailing Address

**500 N.E. 2ND STREET  
DANIA FL 33004**

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

**01-0711749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FEINBERG, JEFFREY ESQ  
FEINBERG & MAIDENBAUM  
4000 HOLLYWOOD BLVD., SUITE 350-N  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

**Andrews Toth**

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

**500 NE 2nd Street**

City

**Dania**

FL

Zip Code

**33004**

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 **Andrews Toth**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4.11.03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MRGM**  
NAME **MARC T. LUMAN**  
STREET ADDRESS **500 NE 2nd St**  
CITY-ST-ZIP **DANIA Beach FL 33004**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: **Andrews Toth**

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

**4.11.03 (954) 923 2144**

Date Daytime Phone #

CR2E083 (10/02)