

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-07-2003 90015 031 ****50.00

DOCUMENT # L02000020694

1. Entity Name

CENTRAL PARK APARTMENTS, LLC



Principal Place of Business

2236 WEST FIRST STREET, #140
LOVELAND CO 80537

Mailing Address

2236 WEST FIRST STREET, #140
LOVELAND CO 80537

2. Principal Place of Business

3. Mailing Address

526 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

St. Petersburg FL

Zip

Country

Zip

Country

33701



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

522 887854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEELER, MARY SUE
25 SECOND STREET NORTH, SUITE 320
ST. PETERSBURG FL 33701-3382

7. Name and Address of New Registered Agent

Name Peter Bursik

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

526 Central Ave #200

City St. Petersburg FL

33701

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 X Peter D. Bursik

Peter D. Bursik

2/4/03

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

Steve Schroeder
2236 W. First St. #140
LOVELAND CO 80537

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

Peter Bursik
526 Central Ave #200

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

St Petersburg FL
33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

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☐ Delete

TITLE
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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: X SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)