## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000022820

1. Entity Name

Emerald Park Apartments, L.L.C.



## DO NOT WRITE IN THIS SPACE

FILED 03 MAR 28 PM 5: 15 SECRETARY OF STATE TALLAHASSEE-FEORIDA

2. Principal Place of Business 3. Mailing Address 1400 Hancock Boulevard 8707 Skokie Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 103 City & State City & State 4. FEI Number Applied For Daytona Beach, FL Skókie, IL 04-3711643 Not Applicable Zip 32114 Country Zip 60077 Country \$5.00 Additional 5. Certificate of Status Desired Volusia Fee Required 7. Name and Address of Current Registered Agent Palmetto Charter Services, Inc. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 150 Magnolia Avenue <sup>City</sup> Daytona Beach 8. The above named entity sub-🛭 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 regis Larry D. Marsh, Esq. 386-255-8171 SIGNATURE \*/ FEE IS \$50.00 \*\* を含む \*\* Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS AND THE RESIDENCE OF THE PROPERTY OF THE PROPE 9. EP Apartments Limited Partnership TITLE NAME NAME TITLE 🚧 🕏 by Okfla Corporation its general NAME 5.76 03/28/03-1-01005-1-007-1-1950.00 STREET ADDRESS partner by Melvyn J. Kushner. STREET ADDRESS. CITY-ST-ZIP CITY-ST, ZIP President TITLE TITLE STATE 8501 N. Lotus NAME . . . . NAME Skokie, IL 60077 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE NAME TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/03

(847)679-6060

Daytime Phone #