

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

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90155 006 ****50.00

DOCUMENT # L02000034156

1. Entity Name

KEY ISLE APARTMENTS PHASE II, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

753 East Glenn Ave.

3. Mailing Address

P.O. Box 1088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Auburn, AL

City & State

Auburn, AL

4. FEI Number

11-3668133

Applied For

Not Applicable

Zip

36830

Country

US

Zip

36831-1088

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J. Lindsay Builder Jr.

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

369 North New York Ave.

City

Winter Park

FL

Zip Code

32789

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

Manager Member

Michael V. Shannon

STREET ADDRESS

753 East Glenn Ave

CITY-ST-ZIP

Auburn, AL 36830

TITLE
NAME

Manager Member

Robert L. Ferdinand

STREET ADDRESS

12202 Park Ave.

CITY-ST-ZIP

Wintermere FL 32786

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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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

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

3/13/03

Date

334/821-0928

Daytime Phone #

CR2E083B (12/02)