

2000 UNIFORM BUSINESS REPORT (UBR)

0010588 AF

DOCUMENT # L95000000260

1. Entity Name
CITIPROP REALTY, L.C.

FILED

00 JAN 27 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4403 SUN VILLAGE BLVD
KISSIMMEE FL 34746

Mailing Address
4403 SUN VILLAGE BLVD
KISSIMMEE FL 34746-5856

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3315687

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROEDER AND LARCHE, P.A.
2255 GLADES ROAD
SUITE 319-A
BOCA RATON FL 33431-7313

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM SMEE, ROGER ☐ Delete
STREET ADDRESS 10222 ATTERBURY COURT, LAKE NONA
CITY-ST-ZIP ORLANDO FL 32827

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 500003119905--7

TITLE NAME MGRM LANDLINK ONE L.C. ☐ Delete
STREET ADDRESS 4403 SUN VILLAGE BLVD
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP -02/01/00--01/04/00
*****\$55.00 *****\$55.00

TITLE NAME MGRM KOCH, AS TRUSTEE, ROBERT A ☐ Delete
STREET ADDRESS 2555-TEMPLE-TRAIL
CITY-ST-ZIP WINTER PARK FL 32789

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 OR MANAGER

Date

Daytime Phone #

01/22/00 407.399.2451

CR2E083 (9/99)