

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L95000000978

1. Entity Name

ROYAL APARTMENTS HOLDINGS, L.C.

00 APR 18 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

443 N. MAIN STREET #10
HENDERSONVILLE NC 28792

Mailing Address

443 N. MAIN STREET #10
HENDERSONVILLE NC 28792-4905

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

MWM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0627429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPANO, GASTON
2594 W. 84TH ST.
HIALEAH FL 33016-5702

7. Name and Address of New Registered Agent

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

4/12/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM CAMPANO, GASTON ☐ Delete
STREET ADDRESS 443 N. MAIN STREET #10
CITY- ST- ZIP HENDERSONVILLE NC 28792

TITLE NAME MGRM CAMPANO, GASTON V ☐ Delete
STREET ADDRESS 2594 W. 84 ST.
CITY- ST- ZIP HIALEAH FL

TITLE NAME MGRM HERNANDEZ, EDMUNDO ☐ Delete
STREET ADDRESS 443 N. MAIN STREET #10
CITY- ST- ZIP HENDERSONVILLE NC 28792

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003238328--5
CITY- ST- ZIP -05/03/00--01137--007

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50-00-*****50-00
CITY- ST- ZIP

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

TITLE NAME ☐ Change ☐ Addition
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 #

GASTON CAMPANO 4/12/00

(828)698-3923

CR200003 10/00