

2001 UNIFORM BUSINESS REPORT (UBR)

0027507
AF

DOCUMENT # L95000000978

1. Entity Name
ROYAL APARTMENTS HOLDINGS, L.C.


Principal Place of Business
443 N. MAIN STREET #10
HENDERSONVILLE NC 28792

Mailing Address
443 N. MAIN STREET #10
HENDERSONVILLE NC 28792

2. Principal Place of Business
101-C Chadwick Square
Suite, Apt. #, etc.
COURT
City & State
Hendersonville, NC
Zip
28739
Country
U.S.A.

3. Mailing Address
101-C Chadwick Square
Suite, Apt. #, etc.
COURT
City & State
Hendersonville, NC
Zip
28739
Country
U.S.A.

FILED
01 APR -2 AM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

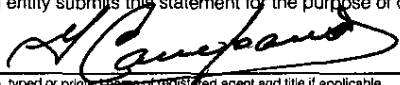
4. FEI Number 65-0627429 **Applied For** ☐ **Not Applicable**

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: Campaño, Gaston
Street Address (P.O. Box Number is Not Acceptable): 16501 NW 84 Ave.
City: Miami Lakes FL Zip Code: 33016

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.

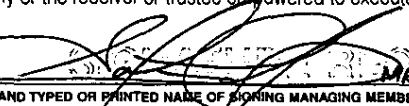
SIGNATURE:  3/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

100003994311--2
-04/12/01--01066--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPANO, GASTON 443 N. MAIN STREET #10 HENDERSONVILLE NC 28792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Campaño, Gaston <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101-C Chadwick Square Court Hendersonville, NC 28739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPANO, GASTON V 2594 W. 84 ST. HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPANO, GASTON V. <input type="checkbox"/> Change <input type="checkbox"/> Addition 16501 N.W. 84 AVE. MIAMI LAKES, FL. 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, EDMUNDO 443 N. MAIN STREET #10 HENDERSONVILLE NC 28792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hernandez, Edmundo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101-C Chadwick Square Court Hendersonville, NC 28739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  3/16/01 (828)698-3923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)