

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90325 001 ***100.00

DOCUMENT # L98000000514

1. Entity Name

FLORIDA APPLE NORTH, L.L.C.



Principal Place of Business

3700 STATE STREET
SUITE 200
SANTA BARBARA CA 93105

Mailing Address

3700 STATE STREET
SUITE 200
SANTA BARBARA CA 93105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E083 (11/03)

4. FEI Number

65-0830620

Applied For

Not Applicable

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

WARREN, AVIS E JR
125 WORTH AVE STE 221
AVIS & AVIS PA
PALM BEACH FL 33480

Name

Warren E. Avis, Jr.

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

125 Worth Avenue, Suite 203

AVIS & AVIS, P.A.

City

Palm Beach

FL

Zip Code
33480

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GEORGAS, GREGORY
STREET ADDRESS 125 WORTH AVENUE SUITE 221
CITY-ST-ZIP PALM BEACH FL 33480

TITLE MGRM ☒ Change ☐ Addition
NAME Georgas, Gregory
STREET ADDRESS 125 Worth Avenue, Suite 203
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03-04-04 561-659-0200