

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000000699****1. Entity Name**

Atlantic Star Apartments, L.C.

Principal Place of Business**Mailing Address**

1688 Meridian Avenue, Suite 506

~~49 West 45th Street, 12th Floor~~

Miami Beach, FL 33139

~~New York, NY 10036~~**2. Principal Place of Business****3. Mailing Address**

1688 Meridian Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 506

City & State**City & State**

Miami Beach, FL

Zip**Country****Zip****Country**

33139

USA

4. FEI Number

58-2396270

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**

Michael Bedzow, Esq.

20803 Biscayne Blvd.

Suite 200

Aventura, Florida 33138

Name

Registered Agents of Florida, LLC

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

100 SE Second Street

Suite 3500

City
Miami**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.

Leon J. Wolfe, VP

4/25/01

(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	MGR	<input checked="" type="checkbox"/> Delete
NAME	Frederic Rado	
STREET	1688 Meridian Avenue, Suite 506	
ADDRESS		
CITY-ST-ZIP	Miami Beach, FL 33139	

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilbert Benhamou	
STREET	1688 Meridian Avenue, Suite 506	
ADDRESS		
CITY-ST-ZIP	Miami Beach, FL 33139	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET		
ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET		
ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET		
ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET		
ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET		
ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Gilbert Benhamou, Manager

4/25/01

305-776-7778

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

Date

Daytime Phone #