

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90077 038 ****50.00

DOCUMENT # L98000000699

1. Entity Name

ATLANTIC STAR APARTMENTS, L.C.



Principal Place of Business

1688 MERIDIAN AVENUE
 SUITE 506
 MIAMI BEACH FL 33139

Mailing Address

1688 MERIDIAN AVE
 SUITE 506
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

18305 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #402

City & State

City & State

AVENTURA, FL.

Zip

Country

Zip

Country

33160

US

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

REGISTERED AGENTS OF FLORIDA LLC
 100 SE SECOND ST
 SUITE 3500
 MIAMI FL 33131

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
Due By May 1, 2002

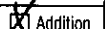
9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 BENHAMOU, GILBERT
 1688 MERIDIAN AVENUE SUITE 506
 MIAMI BEACH FL 33139



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MANAGER
 GABRIELLA HALE
 18305 BISCAYNE BLVD #402
 AVENTURA FL 33160



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



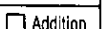
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



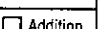
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 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:

GABRIELLA HALE

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

Date

Daytime Phone #

CR2E083 (9/01)