

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0019948

DOCUMENT # L98000000699

1. Entity Name

ATLANTIC STAR APARTMENTS, L.C.



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

18305 BISCAYNE BLVD., SUITE 402
AVENTURA FL 33160

Mailing Address

18305 BICAYNE BLVD.
SUITE #402
MIAMI FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2396270

Applied For

Not Applicable

Zip

Country

Zip

Country

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
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast 2nd Street
Suite 2900
City
Miami FL Zip Code
33131

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

Charles J. Rennert

Charles J. Rennert, V.P. 4/28/03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GABRIELLA, HALE
18305 BICAYNE BLVD. #402
MIAMI FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000017895280 Change ☐ Addition
05/02/03--01053--012 **50.00

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CITY-ST-ZIP
☐ Change ☐ 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: GABRIELLA HALE *Gabriella Hale*

4/10/03

305-931-4959

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

Date

Daytime Phone #

CR2E083 (10/02)