

# 2000 UNIFORM BUSINESS REPORT (UBR)

AND  
FILED

DOCUMENT # L98-00000 1452

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

F-D APARTMENTS L.L.C.

Principal Place of Business

Mailing Address

701 Sweetwater Club Blvd.  
Longwood, FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3557158

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Harold Deitz~~  
701 Sweetwater Club Blvd.  
Longwood, FL 32750

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 the filer (if applicable)

(NOT: Registered Agent signature required when resigning)

DATE

000003327108-3  
-07/19/00--01012--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete
F-D APARTMENTS, L.L.C.	701 Sweetwater Club Blvd.	Longwood, FL 32779	<input type="checkbox"/>
F-D Apartments, L.L.C.	H.K. Deitz, MGR	701 Sweetwater Club Blvd	<input type="checkbox"/>
	Longwood, FL 32779		
F-D Apartments, L.L.C.	Anne E. Deitz, MGR	7333 47th Av, SW #4	<input type="checkbox"/>
	Seattle, WA 98136		
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: H.R. Deitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-26-2000

Date Day/Mo/Yr