## **2001 UNIFORM BUSINESS REPORT (UBR)**

				<u> </u>	-	i			,
DOCUMENT # L9800001452  1. Entity Name F-D APARTMENTS, L.L.C.					FILED				
r-D APAI	RIMENIS, L.L.C.					OI MAR 28 F			
Principal Place of Business 701 SWEETWATER CLUB BLVD. LONGWOOD FL 32779		Mailing Address 701 SWEETWATER CLUB BLVD. LONGWOOD FL 32779				SECRETARY OF TALLAHASSEE	F STATE FLORIDA		
LONGWOOD	FL SZIIO	LONGWOOD TE GETTS				*) 			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN T	HIS SPACE		
City & State		City & State			4. FEI Number \FO OFF71F0 Applied For				7
Zip Country		Zip Country			738-3337 136	\$5.00 Add	t Applicable	1	
						ate of Status Desired	Fee Require		1
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					-
DEITZ, HAROLD R 701 SWEETWATER CLUB BLVD.			-	Street Address (P.O. Box Number is Not Acceptable)					-
LONGWOOD FL 32779						,			
				City		· · · · · · · · · · · · · · · · · · ·	FL Zip Code	e 	
SIGNATURE .	Signature, typed or printed name of registered agent ar			gent signature required	when reinstating)	)	NE		}
		Make Check Pa		EE IS \$50.00 Department o	f State				
9.	MANAGING MEMBE		10.			ADDITIONS/CHAN			] [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEITZ, HAROLD R 701 SWEETWATER CLUB BLVD. LONGWOOD FL 32779	☐ Detete	TITLE NAME STREET	ADDRESS T-ZIP			☐ Change	☐ Addition	0,77
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEITZ, ANNE E 701 SWEETWATER CLUB BLVD. LONGWOOD FL 32779	Delete	TITLE NAME STREET	ADDRESS	:=1	ooqo3984	□ Change 1793-02 01059-02	Addition  Addition	ì
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE -	ADDRESS				• Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS 1-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP		·	☐ Change	Addition	
TITLE Name Street address City-St- <i>zip</i>		□ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP			☐ Change	☐ Addition	
indicated	certify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee	nat my signature shall have t	he same le	egal effect as if m	nade under oa	ith; that I am a managing me	r certify that the ir ember or manage	nformation of the	

3-26-2101407-174-2918
Date Daytime Phone #