

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001568

1. Entity Name

ELK SENIOR DEVELOPERS, LLC

Principal Place of Business

3 ORCHARD LANE  
EDINA MN 55436

Mailing Address

3 ORCHARD LANE  
EDINA MN 55436

2. Principal Place of Business

5100 EDEN AVENUE

Suite/Apt. #, etc.

106

3. Mailing Address

5100 EDEN AVENUE

Suite/Apt. #, etc.

106

City & State

EDINA, MN

City & State

EDINA, MN

Zip

55436

Country

USA

Zip

55436

Country

USA

FILED

01 AUG 27 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1921059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LABOSKY, JOHN J  
3 ORCHARD LANE  
EDINA MN 55436

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KOENS, ROBERT B  
2 BELL STREET  
EXCELSIOR MN 55431

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EKLO, MARK D.  
3360 BAVARIA ROAD  
CHASKA, MN 55318

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

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

SIGNATURE

8/15/01

952-929-8377

CR2E083 (5/01)