

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007365 AF

DOCUMENT # L98000001968

1. Entity Name  
TUDOR APARTMENTS, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:47



Principal Place of Business: 670 CRESCENT MANOR OFFICE, 1501 CRESCENT CIRCLE, LAKE PARK FL 33403  
Mailing Address: 670 CRESCENT MANOR OFFICE, 1501 CRESCENT CIRCLE, LAKE PARK FL 33403-2239

2. Principal Place of Business: 670 LARMAR MANAGEMENT INC., 1501 CRESCENT CIRCLE, LAKE PARK FL 33403  
3. Mailing Address: Larmar Management, 1501 Crescent Circle, Lake Park Fl, Palm Beach, 33403

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0882582  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
GERSON, THEODORE F  
367 GLENBROOK DRIVE  
ATLANTIS FL 33462

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE: MGR NAME: GERSON, THEODORE F STREET ADDRESS: 1501 CRESCENT CIRCLE CITY-ST-ZIP: LAKE PARK FL 33403	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: MGR NAME: Gerson, Theodore F STREET ADDRESS: 367 Glenbrook Drive CITY-ST-ZIP: Atlantis Fl 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Theodore F Gerson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date: 2-14-00 (561) 845-1877 Daytime Phone #

CR2E083 (9/99)