

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000272

1. Entity Name

TRIAD HOUSING PARTNERS, L.L.C.

Principal Place of Business

2450 HOLLYWOOD BLVD., SUITE 503  
HOLLYWOOD FL 33020

Mailing Address

2450 HOLLYWOOD BLVD., SUITE 503  
HOLLYWOOD FL 33020-6626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0887534

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PFEFFER, OLIVER B  
7431 COQUINA DRIVE  
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name Oliver B. Pfeffer

Street Address (P.O. Box Number is Not Acceptable)

2450 Hollywood Blvd, Suite 503

City Hollywood

FL

Zip Code 33020

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

*Oliver B. Pfeffer* Oliver B. Pfeffer

2/10/2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME PFEFFER, OLIVER B  
STREET ADDRESS 7431 COQUINA DRIVE  
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE MGRM ☐ Delete  
NAME SCHULTZ, DAVID A  
STREET ADDRESS 10101 SOUTHWEST 5TH STREET  
CITY-ST-ZIP PLANTATION FL 33324

TITLE MGRM ☐ Delete  
NAME REICH, DAVID M  
STREET ADDRESS 3621 NORTH 34TH AVE.  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600003145136--6  
CITY-ST-ZIP -02/23/00--01093--012  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Oliver B. Pfeffer* Oliver B. Pfeffer, managing member 2/10/2000 954 929 7158

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

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 FEB 16 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)