2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000832 00 MAY -6 AM 9: 55 1. Entity Name KENWOOD PARK APARTMENTS, L.L.C. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1430 WYNNTON ROAD 1430 WYNNTON ROAD COLUMBUS GA 31906 COLUMBUS GA 31906-2922 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2445483 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name TARKOW, STANLEY A Street Address (P.O. Box Number is Not Acceptable) 511 BAY STREET, SUITE-410 TAMPA FL 33606 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. ☐ Defete TITLE TITLE MGR 50000327897 -06/06/00--0110S WYNNTON CAPITAL PARTNERS, L.P. NAME MAME 1430 WYNNTON ROAD STREET ADDRESS STREET ADDRESS *50.00 *****50.00 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS GA 31906 Deteta TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- 21-71F Addition TITLE-TITLE 3 MAME MAME STREET ADDRESS STREET ADDRESS CITY- #T- 76P CITY- ST- ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-71P Addition ☐ Delete ☐ Change TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- \$1-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE , IIILE MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP

APPROVED

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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:

SIGNATURE:

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

Date

Date

Date

Date

Description: