## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 23, 2002 8:00 am Secretary of State DOCUMENT # L9900001228 1. Entity Name 01-23-2002 90082 034 \*\*\*\*50.00 HIGH POINT CLUB APARTMENTS, LLC Principal Place of Business Mailing Address 1251 AVE. OF THE AMERICAS 1251 AVE. OF THE AMERICAS 36TH FLOOR 36TH FLOOR NEW YORK NY 10020 NEW YORK NY 10020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0913362 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 E. PARK AVENUE** TALLAHASSEE FL 32301 City Zip Code FL 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, 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete ☐ Addition ☐ Change SENTINEL REAL ESTATE CORPORATION NAME STREET ADDRESS 1251 AVE. OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete --TITLE - - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 3 TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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 cath; 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.

By: Sentinel Real Estate Corporation, as Manager

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

CITY-S7-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Addition