2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 14, 2005 08:00 AM Secretary of State **DOCUMENT # L99000001228** 1. Entity Name HIGH POINT CLUB APARTMENTS, LLC Principal Place of Business Mailing Address 1251 AVE. OF THE AMERICAS 1251 AVE. OF THE AMERICAS NEW YORK NY 10020 NEW YORK NY 10020 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State 65-0913362 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. THEE ☐ Change ☐ Addition THILE MGR ☐ Delete SENTINEL REAL ESTATE CORPORATION NAME STREET ADDRESS 1251 AVE. OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP NEW YORK NY 10020 Change ☐ Addition ☐ Delele FITLE TITLE U00000263238 NAME NAME STREET ADDRESS 03/14/05-80088-006 50.00 STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition Deiete HILE NAME MAME STREET ADDRESS STREET AUDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete THE Change ☐ Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-7(P ☐ Change Addition THLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 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. By: Sentine: Real Estate Corp., as manager.

NAGER, OR AUTHORIZED REPRESENTATIVE

FILED