

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006549

DOCUMENT # L99000001414

1. Entity Name

PINE RIDGE APARTMENTS, L.C.



FILED

03 APR 10 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

602 EAST CHURCH STREET  
ORLANDO FL 32801

Mailing Address

602 EAST CHURCH STREET  
ORLANDO FL 32801

2. Principal Place of Business

120 E. COLONIAL DR

3. Mailing Address

120 E. COLONIAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3568182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, DAVID R  
602 EAST CHURCH STREET  
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State  
Due By May 1, 2003

500015644055  
04/10/03--01041--012 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PIERCE, DAVID R  
STREET ADDRESS 602 EAST CHURCH STREET  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 120 E. COLONIAL DR  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MGR  
NAME MITCHELL, CHARLES JR.  
STREET ADDRESS 602 EAST CHURCH STREET  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 120 E. COLONIAL DR  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MGR  
NAME VANBEEK, PIETER H  
STREET ADDRESS 602 EAST CHURCH STREET  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 120 E. COLONIAL DR  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MGR  
NAME POWHATAN, BECKY A  
STREET ADDRESS 300 INTERSTATE N. PARKWAY  
CITY-ST-ZIP ATLANTA GA 30339 ☐ Delete

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

TITLE DAGH  
NAME DAGHLARIAN, OHANNES  
STREET ADDRESS 3717 CAMINO WAY  
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

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

TITLE MGR  
NAME TELLECHEA, ALBERT  
STREET ADDRESS 255 S. ORANGE AVE., #700  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

SIGNATURE REQUIRED

4.7.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)