

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90050 011 \*\*\*\*55.00

**DOCUMENT # L99000001694**

1. Entity Name

**LUDLAM APARTMENTS, L.L.C.**



Principal Place of Business

**6880 S.W. 44TH ST., STE. 100  
MIAMI FL 33155**

Mailing Address

**6880 S.W. 44TH ST., STE. 100  
MIAMI FL 33155**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0904836**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACHER, CHARLES P  
2655 LEJEUNE ROAD, SUITE 1101  
MIAMI FL**

Name

**JOSE M SURIOL**

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

**6880 SW 44 ST, ST 100**

City

**MIAMI**

FL

Zip Code

**33155**

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 **JOSE M SURIOL**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DEC 31st 2002**  
DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **WITTMER DE SURIOL, LYN C**  
STREET ADDRESS **6880 S.W. 44TH STREET, SUITE 100**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **MEM** ☐ Delete  
NAME **SHRIOL, JOSE M**  
STREET ADDRESS **6880 S.W. 44TH ST., STE. 100**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **MEM MGR** ☒ Change ☐ Addition  
NAME **SURIOL, JOSE M**  
STREET ADDRESS **6880 SW 44 ST, ST 100**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

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

Date

**JAN 15, 2003 (305) 669 3123**

Daytime Phone #

CR2E083 (10/02)