

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000002181

1. Entity Name  
BOMAR APARTMENTS, L.L.C.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1111 LINCOLN ROAD, SUITE 800  
MIAMI BEACH FL 33139

Mailing Address  
C/O CYRUS S. WEST  
1111 LINCOLN ROAD, SUITE 800  
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1111 LINCOLN ROAD

3. Mailing Address  
1111 LINCOLN ROAD

Suite, Apt. #, etc.  
SUITE #400

Suite, Apt. #, etc.  
SUITE #400

City & State  
MIAMI BEACH, FLA.

City & State  
MIAMI BEACH FLA

Zip 33139 Country USA

Zip 33139 Country USA

4. FEI Number 65-0914785

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

WEST, CYRUS S  
1111 LINCOLN ROAD, SUITE #400  
MIAMI BEACH FL 33139

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME WEST, CYRUS S  
STREET ADDRESS 1111 LINCOLN ROAD, SUITE #400  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

Date

Daytime Phone #

MANAGING MEMBER 2/10/2001

305  
538  
3949

CR2E083 (11/00)