2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN 19 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002662

1. Entity Name
MILFRED APARTMENTS L.C.

Principal Place of Business
2121 PONCE DE LEON BOULEVARD. SUITE 1100
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BOULEVARD. SUITE 1100
CORAL GABLES FL 33134-5213

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 65-0921843 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
HORWITZ, SANFORD B
2121 PONCE DE LEON BOULEVARD, SUITE 1100
CORAL GABLES FL 33134

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete GOLDSTEIN, MICHAEL B 2121 PONCE DE LEON BLVD., STE 1100 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100003302201--2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete GOLDSTEIN, IRMA 2121 PONCE DE LEON BLVD., STE 1100 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-06/23/00--01014--008 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete HORWITZ, SANFORD B 2121 PONCE DE LEON BLVD., STE 110 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete HORWITZ, JANET L 2121 PONCE DE LEON BLVD., STE 110 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete LOMBARDI, DAVID L 975 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete LOMBARDI, SHARI B N 975 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140	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 David Lombardi 4/5/00 (305)695-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)