2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002662

1. Entity Name
MILFRED APARTMENTS L.C.

FILED
01 MAR 19 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000075 1 AF

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

DO NOT WRITE IN THIS SPACE

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: DAVID LOMBARDI
Street Address (P.O. Box Number is Not Acceptable): 975 ARTHUR GODFREY RD. #209
City: MIAMI BEACH, FL Zip Code: 33140

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: SECRETARY TREASURER — 1/18/01
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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, MICHAEL B	NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 1100	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	400003909514-2 ☐ Change ☐ Addition
NAME	GOLDSTEIN, IRMA	NAME	-03/26/01--01103--001
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 1100	STREET ADDRESS	*****50.00 *****50.00
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HORWITZ, SANFORD B	NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 110	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HORWITZ, JANET L	NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 110	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOMBARDI, DAVID L	NAME	
STREET ADDRESS	975 ARTHUR GODFREY ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOMBARDI, SHARI B N	NAME	
STREET ADDRESS	975 ARTHUR GODFREY ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	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 — 1/18/01 — 305 695 1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)