

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002881

1. Entity Name

PRINCETON INVESTMENTS, L.L.C.

FILED

01 MAY -4 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

200 S. ORANGE AVE., #1540 Suite 1300 200 S. ORANGE AVE., #1540 Suite 1300
ORLANDO FL 32801 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1300

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3578793

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

KHANANI, M. OWAIS

5817 WEST HIGHWAY 192

KISSIMMEE FL 34747

Name

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

200 S. Orange Avenue

Suite 1300

City Orlando

FL

Zip Code

32801

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.

(NOT: 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
NAME KHANANI, M. SALEEM
STREET ADDRESS 200 S. ORANGE AVE., #1540 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME Suite 1300
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KHANANI, M. OWAIS
STREET ADDRESS 200 S. ORANGE AVE., #1540 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME Suite 1300
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KHANANI, M. HANI
STREET ADDRESS 200 S. ORANGE AVE., #1540 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME Suite 1300
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800004336468-8
STREET ADDRESS -05/31/01--01078--008
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative

4-30-01

Date

407/540-9191

Daytime Phone #

CR2E083 (11/00)