LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003577

1. Entity Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager

Shetty, Dayanand

2201 NW 30th Place, Suite A

Pompano Beach, FL 33069

FLAPA RESIDENTIAL INVESTMENTS, L.L.C.



FILED 2003 DEC -4 PH 5: 04

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Addres	3. Mailing Address					
2201 NW 30th Place		2201 NW 3	2201 NW 30th Place		12/04/0301027027 **1380.00			
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Suite A		Suite A	Suite A					
City & State		City & State	City & State		4. FEI Number		Applied For	
Pompano Beach, FL		Pompano Be	Pompano Beach, FL		59-3582070		Not Applicable	
Zip 33069	Country USA	Zip 33069	Coun	5. Certificate of Status Desired		\$5.00 Additional Fee Required		
33069	USA	33069	USA		7 Name and Address of	of Current Bookstore		
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name Valdes-Fauli Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 777 South Flagler Drive, Suite 500 East				
			•	City		FL	Zip Code	
<u> </u>		<u> </u>		West Pa	alm Beach		33401	
Make Check Payab			FEE IS Payable to Flo	orida Departn	nent of State	DATE		
9.	MANAGING MEM	BERS/MANAGERS			·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Alnajjar, Nader 2201 NW 30th Place, Suite A							
TITLE NAME STREET ADORESS CITY-ST-ZIP	Chaleff, Lawrence N. 2201 NW 30th Place, Suite A			LE ME EET ADDRESS Y-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2201 NW 30th Place, Suite A			E et address st-zip	INCLESS INCL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	baor in soon rader, bured a			I				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Lal, Sanjay 2201 NW 30th Place, Pompano Beach, FL 33							

11. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: A	Ugo an am	Meenaz	Dhanani,	Manager
	ND TYPED OR PRINTED NAME OF SIGN		BER. MANAGER, OF	AUTHORIZED RE

11/21/03

(407) 239-9142

Daytime Phone #