

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003371 AF

DOCUMENT # L99000004171

1. Entity Name  
BANYAN TOWNHOMES, L.L.C.

FILED

00 MAR 23 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9999 NE 2ND AVENUE, SUITE 300  
MIAMI SHORES FL 33138

Mailing Address  
9999 NE 2ND AVENUE, SUITE 300  
MIAMI SHORES FL 33138-2346

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9999 NE 2ND AV</b> Suite, Apt. #, etc. <b>H 300</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>MIAMI SHORES, FLA</b>		City & State	
Zip <b>33138-2346</b>	Country <b>DOE</b>	Zip	Country

4. FEI Number **65-0989258** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  TOWNSEL, AL 9999 NE 2ND AVENUE, SUITE 300 MIAMI SHORES FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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	MGR TOWNSEL, AL 9999 NE 2ND AVENUE, SUITE 300 MIAMI SHORES FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>500003198199</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-04/06/00--01038--022</b> <b>*****55.00 *****55.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** **3/20/2000** **758-7600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)