

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004171

1. Entity Name

BANYAN TOWNHOMES, L.L.C.

FILED

01 JAN 19 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0989258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TOWNSEL, AL

9999 NE 2ND AVENUE, SUITE 300

MIAMI SHORES FL 33138

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
AL TOWNSEL, INC.
9999 NE 2ND AVENUE, SUITE 300
MIAMI SHORES FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003576108--1
-01/26/01--01034--020
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LITTLE HAITI HOUSING ASSOCIATION, INC.
181 NE 82ND STREET 2ND FLOOR
MIAMI FL 33138 ☐ Delete

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/15/01 305 758-9600

CR2E083 (11/00)