

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2002 8:00 am
Secretary of State

0031250

DOCUMENT # L99000004171

1. Entity Name

BANYAN TOWNHOMES, L.L.C.

02-19-2002 90031 036 *****55.00

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

1175 NE 125th ST

Suite, Apt. #, etc.

Suite # 418

City & State

MIAMI, FLA

Zip

33161

Country

USA

3. Mailing Address

1175 NE 125th ST

Suite, Apt. #, etc.

Suite # 418

City & State

MIAMI, FLA

Zip

33161

Country

USA

DO NOT WRITE IN THIS SPACE

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AL TOWNSEL, INC.	
STREET ADDRESS	9999 NE 2ND AVENUE, SUITE 300	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LITTLE HAITI HOUSING ASSOCIATION, INC.	
STREET ADDRESS	181 NE 82ND STREET 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

Date

Daytime Phone #

2/14/02 305 822-5195

CR2E083 (9/01)