

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004596

1. Entity Name

JACKSON 95 APARTMENTS, L.L.C.

FILED

01 FEB 19 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O CYRUS S. WEST  
1111 LINCOLN ROAD, SUITE 800  
MIAMI BEACH FL 33139

Mailing Address

C/O CYRUS S. WEST  
1111 LINCOLN ROAD, SUITE 800  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

1111 LINCOLN ROAD  
SUITE # 400

1111 LINCOLN ROAD  
SUITE # 400

City & State

MIAMI BEACH FLA.

City & State

MIAMI BEACH, FLA.

Zip 33139

Country USA

Zip 33139

Country USA

4. FEI Number

65-0933163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, CYRUS S  
1111 LINCOLN ROAD SUITE 800 #400  
MIAMI BEACH FL 33139

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

500003746055--2  
-02/21/01--01090--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WEST, CYRUS S  
1111 LINCOLN ROAD, SUITE 800 #400  
MIAMI BEACH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2/10/2001

Date

Daytime Phone #

305-538-3949

CR2E083 (11/00)