2000	UNIFORM	BUSINESS	REPORT	(UBR
2000	UNIFORM	BO2INF22	KEPUKI	(ARH

		t_T		\ -					
DOCU 1. Entity Nam	MENT # L9900	0005271							
ASTOR LANDING, L.L.C.						FREI			
						SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Plac	e of Business	Mailing Address				,2			
71 EAST EAST CHURCH STREET. SUITE 200 71 EAST EAST CHURCH S ORLANDO FL 32801-3409 ORLANDO FL 32801			i street.	SUITE 200		.00 FEB 29 AMI	1: 35		
Principal Place of Business 3. Mailing Address					-				
			<u></u>		DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc. Suite, Apt. #, etc.									
City & Stat	е	City & State				Number <u>59 - 3594403</u>		oplied For ot Applicable	
Zip	Country	Zip	Cour	ntry	5. Çert	ificate of Status Desired	S5.00 Add		
	6. Name and Address of Curren			Τ	7. Nam	e and Address of New Rec			
		"	_	Name					
	M, WILLIAM J			Street Address	s (P.O. Box N	lumber is Not Acceptable)	<u></u>		
568 WEST SILVER STAR EXT. OCOEE FL 34761									
OCOLLI	2 04101	1		City			FL Zip Cod	e	
9 The above	named entity submits this statement f	or the purpose of changing if	te register	ed office or regist	or registered agent, or both, in the State of Florida.				
o. The above	Tiamou chity addition this statement	or the purpose of changing in	to regioner	ou omoo or rogion	lorog agam,	or 5001, in the state of them.			
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NC	OTE: Registere	d Agent signature requi	red when reinstal	ing)	DATE		
					,	1			
		FILE N Make Check P		FEE IS \$50.00		N 210	100]	
		make Officer F	ayable (o beparament	Of Otale	() 그	()		
9.	MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS/C	HANGES		
TITLE	MGRM	Delete	TITL	E			☐ Change	Addition (
KAME	BLACKHAM, WILLIAM J	•	NAM	lE		8000031	69038-	3	
STREET ADDRESS	71 EAST EAST CHURCH STREE	et, suite 200		EET ADDRESS		W-1 - 1.	00010740	1	
CITY-81-ZIP	ORLANDO FL 32801-3409		CITY	- ST- ZIP		*****[<u>),00 *****5</u>	0 <u>.00</u>	
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	ORLANDO FL 32801-3409						Change	Addition	
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STREET ADDRESS	<i></i>		`	EET ADDRESS				J	
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RAME			HAN	li li					
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MAME		☐ Delets	TITL				€ erren#g		
STREET ADDRESS				EET ADDRESS					
CITY- 8T- ZIP				- 8T- ZIP					
11. I hereby	I certify that the information supplied wit								
indicated limited lia	on this report is true and accurate and bility company or the receiver or truste	d that my signature shall have se empowered to execute this	e the same a report as	e legal effect as if s required by Cha	i made unde apter 608, Fl	er oath; that I am a managin orida Statutes.	ig member or manage	er of the	
			,		-•	i v		}	
CICNAT	TIDE. SIGNA	TURE REQU	IIRE	D		> 22/100			
SIGNAT		RINTED NAME OF SIGNING MANAGIN				Date	Daytime Phone #		