

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005271

1. Entity Name

ASTOR LANDING, L.L.C.

Principal Place of Business

71 EAST EAST CHURCH STREET, SUITE 200  
ORLANDO FL 32801-3409

Mailing Address

71 EAST EAST CHURCH STREET, SUITE 200  
ORLANDO FL 32801-3409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3596603

Applied For

Not Applicable

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

BLACKHAM, WILLIAM J  
568 WEST SILVER STAR EXT.  
OCOEE FL 34761

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 MGRM  
NAME BLACKHAM, WILLIAM J  
STREET ADDRESS 71 EAST EAST CHURCH STREET, SUITE 200  
CITY-ST-ZIP ORLANDO FL 32801-3409

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600003567766-9  
-01/23/01--01062--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

Change  Addition

TITLE MGRM  
NAME JUNE, ROHLAND A II  
STREET ADDRESS 71 EAST EAST CHURCH STREET, SUITE 200  
CITY-ST-ZIP ORLANDO FL 32801-3409

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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TITLE  
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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

1-16-01

Date

Daytime Phone #