

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90352 013 ****50.00

DOCUMENT # L99000005491

1. Entity Name

SPANISH OAKS APARTMENT HOMES, L.L.C.

Principal Place of Business

**8320 W. SUNRISE BLVD., SUITE 108
PLANTATION FL 33322**

Mailing Address

**8320 W. SUNRISE BLVD., SUITE 108
PLANTATION FL 33322****909738**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3597065

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD.
LARGO FL 33778**

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	MGR	<input type="checkbox"/> Delete
NAME	HOLDEN, JOHN SR.	
STREET ADDRESS	7027 W. BROWARD BLVD., SUITE 401	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HOLDEN, PETER	
STREET ADDRESS	7027 W. BROWARD BLVD., SUITE 401	
CITY-ST-ZIP	PLANTATION FL 33322	

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

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

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

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

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, JOHN SR.	
STREET ADDRESS	1845 MONTE CARLO WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, PETER	
STREET ADDRESS	901 NW 119TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: AMC SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-21-2002

CR2E083 (9/01)