

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90109 046 \*\*\*\*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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc. **203**

Suite, Apt. #, etc. **203**

**City & State**

**City & State**

**4. FEI Number** **59-3597065**

**Applied For**  
**Not Applicable**

**Zip** **Country**

**Zip** **Country**

**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**

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

**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. I am familiar with, and accept the obligations of registered agent.**

**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 Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** **MGR** ☐ Delete  
**NAME** **HOLDEN, JOHN SR.**  
**STREET ADDRESS** **1845 MONTE CARLO WAY**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33071**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **MGR** ☐ Delete  
**NAME** **HOLDEN, PETER**  
**STREET ADDRESS** **901 NW 119TH AVE**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33071**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**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**

**JOHN HOLDEN 1/10/03 (984) 370-8220**

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083 (10/02)