

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ny 417



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005932

1. Entity Name
CHAPEL TRAIL BUSINESS PARK, LLC

Principal Place of Business C/O CHAPEL TRAIL ASSOCIATES, LTD. 9000 W. SHERIDAN, SUITE 130 PEMBROKE PINES FL 33024	Mailing Address C/O CHAPEL TRAIL ASSOCIATES, LTD. 9000 W. SHERIDAN, SUITE 130 PEMBROKE PINES FL 33024-8801
--	---

2. Principal Place of Business 21011 Johnson Street Suite, Apt. #, etc. Suite 101 City & State Pembroke Pines, Florida Zip 33029	Country	3. Mailing Address 21011 Johnson Street Suite, Apt. #, etc. Suite 101 City & State Pembroke Pines, Florida Zip 33029	Country
---	---------	---	---------

4. FEI Number 65-0973143	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOENIG, PAUL
9000 SHERIDAN ST., SUITE 130
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name
same

Street Address (P.O. Box Number is Not Acceptable)
21011 Johnson Street
Suite 101

City
Pembroke Pines **FL** Zip Code
33029

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REPOS BUILDING AND DEVELOPMENT CORPORATION 20911 JOHNSON STREET, SUITE 103 PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAPEL TRAIL ASSOCIATES, LTD. 9000 W. SHERIDAN, SUITE 130 PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21011 Johnson Street, Suite 101 Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200003208182 -04/13/00--01123--002 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul Koening* **SIGNATURE REQUIRED** Paul Koening, Vice President 2/7/00 954-436-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)