

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90091 034 \*\*\*\*50.00

**DOCUMENT # L99000006369**

1. Entity Name

**STONYBROOK APARTMENTS AT BOYNTON BEACH LLC**

Principal Place of Business

**902 CLINT MOORE RD. STE 124  
 BOCA RATON**

Mailing Address

**902 CLINT MOORE RD. STE 124  
 BOCA RATON**

2. Principal Place of Business

**15340 Jog Road  
 Suite, Apt. #, etc.  
 200**

3. Mailing Address

**15340 Jog Road  
 Suite, Apt. #, etc.  
 200**



DO NOT WRITE IN THIS SPACE

**City & State  
 Delray Beach, FL  
 Zip  
 33446 Country  
 USA**

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 Delray Beach, FL  
 Zip  
 33446 Country  
 USA**

4. FEI Number **65-0953412**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORTON GROUP, INC.  
 902 CLINT MOORE RD, STE 124  
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

**Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 15340 -Jog Road, Suite 200  
 City Delray Beach FL Zip Code  
 33446**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MORTON GROUP, INC. 902 CLINT MOORE RD., SUITE 124 BOCA RATON FL 33487</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>15340-Jog Road, Suite 200 Delray Beach, FL 33446</b>	<input checked="" 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
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:

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

Date

Daytime Phone #

CR2E083 (9/01)