

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002271
AF

DOCUMENT # L99000006641
1. Entity Name
IN THE PINES AT PARKLAND, LLC

00 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|--|
| Principal Place of Business 1700 NORTH UNIVERSITY DR STE 302 CAPE CORAL FL 33071 | Mailing Address 1700 NORTH UNIVERSITY DR STE 302 CAPE CORAL FL 33071-8970 |
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| 2. Principal Place of Business <i>1700 North University Dr.</i> Suite, Apt. #, etc. <i>Suite #302</i> City & State <i>Coral Springs FL</i> Zip <i>33071</i> | 3. Mailing Address <i>1700 University Dr.</i> Suite, Apt. #, etc. <i>Suite #302</i> City & State <i>Coral Springs FL</i> Zip <i>33071</i> |
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
EMO CORPORATE SERVICES, INC.
100 NE 3RD AVENUE, STE 1100
FORT LAUDERDALE FL 33301

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

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

| 9. MANAGING MEMBERS / MEMBERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS / CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

Managing Member
In the Pines at Parkland, Inc.
1700 University Dr. Suite 302
Coral Springs, FL 33071

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*****50.00 *****50.00

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]* **SIGNATURE REQUIRED** *Fewis Mosewitch* 4-28-00 954-341-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)