

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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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

4. FEI Number <b>65-0960885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>EMO CORPORATE SERVICES, INC.</b> 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 <b>FL</b> Zip Code
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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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)