

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006641

1. Entity Name
IN THE PINES AT PARKLAND, LLC

FILED

01 APR -9 AM 7:49

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0960885

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 -

EMO CORPORATE SERVICES, INC.
100 NE 3RD AVENUE, STE 1100
FORT LAUDERDALE FL 33301

Name *Larry Rothenberg, P.A.*
Street Address (P.O. Box Number is Not Acceptable)
900 North Federal Highway
Suite 460
City *Boca Raton* FL Zip Code *33432*

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

3/29/01

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

700004009407--3
-04/16/01--01012--011
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IN THE PINES AT PARKLAND, INC. 1700 NORTH UNIVERSITY DRIVE, SUITE 302 CORAL SPRINGS FL 33071	<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
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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]* Date: *2-26-01* Daytime Phone #: *954-341-1499*

CR2E083 (11/00)