2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000007115

1. Entity Name
LIBBY APARTMENTS, L.C.

FILED
01 JAN 22 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BOULEVARD, SUITE 1100 CORAL GABLES FL 33134	2121 PONCE DE LEON BOULEVARD, SUITE 1100 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
1026 PENNSYLVANIA AVE.	975 Arthur Godfrey Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 209
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL.
Zip 33139 / Country USA	Zip 33140 / Country USA

4. FEI Number 65-0955552 — Applied For / Not Applicable

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
HORWITZ, SANFORD B 2121 PONCE DE LEON BOULEVARD, SUITE 1100 CORAL GABLES FL 33134	Name: DAVID LOMBARDI Street Address (P.O. Box Number is Not Acceptable): 975 ARTHUR GODFREY ROAD, SUITE 209 City: MIAMI BEACH FL Zip Code: 33140

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 SECRETARY TREASURER — 1/18/01
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, MICHAEL B	NAME	200003575302--7
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, SUITE 1100	STREET ADDRESS	-01/25/01--01097--026
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	*****50.00 ☐ Change ☐ Addition
TITLE	MGRM ☐ Delete	TITLE	
NAME	GOLDSTEIN, IRMA	NAME	
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, SUITE 1100	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HORWITZ, SANFORD B	NAME	
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, SUITE 1100	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HORWITZ, JANET L	NAME	
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, SUITE 1100	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOMBARDI, DAVID L	NAME	
STREET ADDRESS	975 ARTHUR GODFREY ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOMBARDI, SHARI B	NAME	
STREET ADDRESS	975 ARTHUR GODFREY ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	

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 REQUIRED — 1/18/01 — 305 695 1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)