

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000007936

1. Entity Name
ADINGTON 20 APARTMENTS, L.L.C.

FILED

01 MAR -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
SUITE 800
1111 LINCOLN ROAD
MIAMI BEACH FL 33139

Mailing Address
SUITE 800
1111 LINCOLN ROAD
MIAMI BEACH FL 33139



2. Principal Place of Business

3. Mailing Address

SUITE 400
1111 LINCOLN ROAD
MIAMI BEACH FL

SUITE 400
1111 LINCOLN ROAD
MIAMI BEACH FL

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

4. FEI Number 65-0958924

Applied For
Not Applicable

Zip 33139 Country USA

Zip 33139 Country USA

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

WEST, CYRUS
SUITE 800
1111 LINCOLN ROAD
MIAMI BEACH FL 33139

Name CYRUS WEST
Street Address (P.O. Box Number is Not Acceptable) SUITE 400
1111 LINCOLN ROAD
City MIAMI BEACH FL 33139

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WEST, CYRUS
STREET ADDRESS 1111 LINCOLN ROAD, SUITE 400
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
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STREET ADDRESS
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 OF MANAGING MEMBER

Date

Daytime Phone #

2/10/2001

305-538-3949

CR2E083 (11/00)