

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008402

1. Entity Name

ROYAL OAKS, L.L.C.

Principal Place of Business

Mailing Address

FL9-001-09-03
50 NORTH LAURA STREET
JACKSONVILLE FL 32202-3664

FL9-001-09-03
50 NORTH LAURA STREET
JACKSONVILLE FL 32202-3664

2. NC1-021-02-20

401 N TRYON ST
CHARLOTTE NC 28255

3. NC1-021-02-20

401 N TRYON ST
CHARLOTTE NC 28255

City & State

City & State

4. FEI Number

59-3612034

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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
NAME MGRM
STREET ADDRESS T-OAKS APARTMENTS, INC.
CITY-ST-ZIP 50 NORTH LAURA STREET FL9-001-09-03
JACKSONVILLE FL 32202-3664

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME mgrm
STREET ADDRESS T-Oaks Apartments, Inc.
CITY-ST-ZIP NC1-021-02-20
401 N TRYON ST
CHARLOTTE NC 28255

TITLE
NAME SVP
STREET ADDRESS Greg S. Mroz
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SVP

Greg S. Mroz

5-3-01

704-386-5591

FILED

2001 MAY 10 PM 3:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE