

2001 UNIFORM BUSINESS REPORT (UBR)

0015903 AF

DOCUMENT # L99000008501

1. Entity Name
LEHIGH OAKS, L.L.C.

FILED

01 JAN 16 AM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS FL 33919

Mailing Address
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0970728

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

ARNOLD, BOWEN A
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS FL 33919

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

8000003572488--1
-01/24/01--01013--031
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
LEE COUNTY HOUSING DEVELOPMENT CORP
2424 BAY STREET
FORT MYERS FL 33902 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1228 North Tamiami Trail
North Fort Myers, FL 33903 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NATIONAL DEVELOPMENT OF AMERICA LLC
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

BOWEN A. ARNOLD, MEMBER
NATIONAL DEVELOPMENT OF AMERICA, LLC, MEMBER
LEHIGH OAKS, LLC

01/10/01

941 2758029

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

Date

Daytime Phone #

CR2E083 (11/00)