

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0028303 AF

DOCUMENT # M00000000123

1. Entity Name

CAMARON AT WOODCREST APARTMENTS, L.L.C.

01 MAY -3 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

555 HORACE BROWN DRIVE
MADISON HEIGHTS MI 48071

Mailing Address

555 HORACE BROWN DRIVE
MADISON HEIGHTS MI 48071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16835 Kercheval

Suite, Apt. #, etc.

3. Mailing Address

16835 Kercheval

Suite, Apt. #, etc.

City & State

Grosse Pointe, MI

City & State

Grosse Pointe, MI

4. FEI Number

38-3510371 APPLIED FOR

Applied For

Not Applicable

Zip

48230

Country

USA

Zip

48230

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004323520--9
-05/25/01--01065--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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] JARED SCHENK

4/23/01

313-642-2270

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

Date

Daytime Phone #

CR2E083 (11/00)