

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90565 001 \*\*\*\*50.00

DOCUMENT # M00000000227

1. Entity Name

SUMMER CHASE APARTMENTS ASSOCIATES L.L.C.

**DO NOT WRITE IN THIS SPACE**

936888

2. Principal Place of Business

111 Great Neck Rd.

Suite, Apt. #, etc.

Suite 408

City & State

Great Neck, NY

Zip

11021

Country

3. Mailing Address

111 Great Neck Rd

Suite, Apt. #, etc.

Suite 408

City & State

Great Neck, NY

Zip

11021

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3527903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

United Corporate Services Inc

Street Address (P.O. Box Number is Not Acceptable)

9200 South Dadeland Blvd.

Ste. 508

City

Miami

FL

Zip Code

33156

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SAP III Manager, Inc.  
111 Great Neck Rd, Ste. 408  
Great Neck, NY 11021

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

*Michael Katz*

Michael Katz

3/15/02

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

Date

Daytime Phone #

CR2E083B (12/01)