

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000269

1. Entity Name
DUNSFORD TERRACE APARTMENTS, LLC

Principal Place of Business
C/O REALTY ASSET MANAGEMENT
1355 PEACHTREE STREET, SUITE 1560
ATLANTA GA 30309

Mailing Address
C/O REALTY ASSET MANAGEMENT
1355 PEACHTREE STREET, SUITE 1560
ATLANTA GA 30309

FILED

01 MAY 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Realty Asset Mgmt
Suite, Apt. #, etc.
270 CARPENTER DRIVE
City & State
Atlanta GA
Zip
30328
Country
USA

3. Mailing Address
c/o Realty Asset Mgmt
Suite, Apt. #, etc.
270 CARPENTER DRIVE
City & State
Atlanta GA
Zip
30328
Country

4. FEI Number
58-255-7490
APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKS, THOMAS M ESQ.
PAPPAS, METCALF, JENKS, ET AL
200 WEST FORSYTH ST., STE-1400
JACKSONVILLE FL 32202-4327

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 DATE 1/27/01
(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER HENRY LORBER 270 CARPENTER DRIVE Atlanta GA 30328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Tom Thorsen 270 CARPENTER DRIVE Atlanta GA 30328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004416086-3 -06/12/01--01062--001 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

DATE 1/27/01 678-325-2018
Daytime Phone #

CR2E083 (11/00)