

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90005 001 \*\*\*\*50.00

**DOCUMENT # M01000001311**

1. Entity Name

**ARDEN COLONNADE, LLC**



Principal Place of Business

**THE ARDEN GROUP, 121 SOUTH BROAD ST.  
13TH FLOOR  
PHILADELPHIA PA 19107**

Mailing Address

**THE ARDEN GROUP, 121 SOUTH BROAD ST.  
13TH FLOOR  
PHILADELPHIA PA 19107**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-3084270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

| TITLE | NAME                                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------------------------|----------------|-------------|---------------------------------|
|       | <b>MGRM</b>                         |                |             |                                 |
|       | <b>SPENCER, CRAIG A</b>             |                |             |                                 |
|       | <b>1215 BRAOD STREET 13TH FLOOR</b> |                |             |                                 |
|       | <b>PHILADELPHIA PA 19107</b>        |                |             |                                 |
|       |                                     |                |             |                                 |
|       |                                     |                |             |                                 |
|       |                                     |                |             |                                 |
|       |                                     |                |             |                                 |
|       |                                     |                |             |                                 |
|       |                                     |                |             |                                 |

| TITLE | NAME | STREET ADDRESS         | CITY-ST-ZIP    | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------|----------------|---------------------------------|-----------------------------------|
|       |      | <b>121 S. BROAD ST</b> | <b>13TH FL</b> |                                 |                                   |
|       |      |                        |                |                                 |                                   |
|       |      |                        |                |                                 |                                   |
|       |      |                        |                |                                 |                                   |
|       |      |                        |                |                                 |                                   |
|       |      |                        |                |                                 |                                   |
|       |      |                        |                |                                 |                                   |
|       |      |                        |                |                                 |                                   |
|       |      |                        |                |                                 |                                   |

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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)