

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-15-2002 90037 011 ****55.00

DOCUMENT # M01000001884

1. Entity Name

RED CEDARS, L.L.C.

Principal Place of Business

1001 NORTH U.S. HIGHWAY ONE, STE. 875
JUPITER FL 33477

Mailing Address

1001 NORTH U.S. HIGHWAY ONE, STE. 875
JUPITER FL 33477

2. Principal Place of Business

1001 North US Highway 1

Suite, Apt. #, etc.

Ste. 308

3. Mailing Address

1001 North US Highway 1

Suite, Apt. #, etc.

Ste 308

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

65-11300-94

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

33477

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM HERITAGE HILL, L.L.C. 1001 NORTH U.S. HIGHWAY ONE, STE. 875 JUPITER FL 33477 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM PRINCIPAL INVESTMENT PARTNER, L.P. 1001 NORTH U.S. HIGHWAY ONE, STE. 875 JUPITER FL 33477 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Heritage Hill, L.L.C. 1001 North US Highway 1 STE. 308 Jupiter FL 33477 ☒ Change ☐ Addition

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

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

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

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

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 808, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1/10/02

561-741-1232

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

Date

Daytime Phone #

MLK 2/1/02

CFR2083 (9/01)