

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000305

1. Entity Name
ROYAL PALM VILLAGE, L.L.C.

Principal Place of Business
2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

Mailing Address
P.O. BOX 999
CHADDS FORD PA 19317

2. Principal Place of Business
2637 McCormick Drive
Suite, Apt. #, etc.

3. Mailing Address
2637 Mc Cormick Drive
Suite, Apt. #, etc.

City & State
Clearwater, FL
Zip 33759 Country USA

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Clearwater, FL
Zip 33759 Country USA

4. FEI Number 23-2813969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRANDYWINE FINANCIAL SERVICES CORPORATION
2637 MCCORMICK DRIVE
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name American Land Lease, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2637 Mc Cormick Drive
City Clearwater FL Zip Code 33759

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 *Sharon E. Smith, Chief Financial Officer* 2/25/01
Signature, typed or printed name of registered agent and title if applicable. (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 MGRM
FAIRVIEW CORPORATION
STREET ADDRESS 2 POND'S EDGE DRIVE
CITY-ST-ZIP CHADDS FORD PA 19317 ☐ Delete

TITLE NAME MGRM
PARKEMORE CORPORATION
STREET ADDRESS 2 POND'S EDGE DRIVE
CITY-ST-ZIP CHADDS FORD PA 19317 ☒ 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 ☐ Change ☐ Addition

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

TITLE NAME MGRM
STREET ADDRESS Asset Investors operating Partnership, L.P.
CITY-ST-ZIP 2637 Mc Cormick Drive Clearwater, FL 33759 ☐ 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 608, Florida Statutes.

SIGNATURE *Sharon E. Smith* 2/25/01 727-706-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
01 APR 19 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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