

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000252

1. Entity Name
SLT DANIA LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10: 02

Principal Place of Business
777 WESTCHESTER AVENUE
WHITE PLAINS NY 10604

Mailing Address
777 WESTCHESTER AVENUE
WHITE PLAINS NY 10604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2231 E. Camelback Rd, Ste. 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #400

City & State

City & State

Phoenix, AZ

4. FEI Number

65-0684540

Applied For

Not Applicable

Zip

Country

Zip

Country

85016

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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.

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MBR ☐ Delete
NAME SLT FINANCING PARTNERSHIP
STREET ADDRESS 2231 EAST CAMELBACK RD., STE. 410
CITY-ST-ZIP PHOENIX AZ 85016

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 100003384271--6
CITY-ST-ZIP -09/06/00--01104--020
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME SLT FINANCING PARTNERSHIP
STREET ADDRESS 2231 EAST CAMELBACK RD., STE. 410
CITY-ST-ZIP PHOENIX AZ 85016

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

TITLE MBR ☐ Delete
NAME SLT REALTY LP
STREET ADDRESS 2231 EAST CAMELBACK RD., STE. 410
CITY-ST-ZIP PHOENIX AZ 85016

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

TITLE MGR ☐ Delete
NAME SLT REALTY LP
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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED Peter Morrow

8-23-00

602/852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)