

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000252

1. Entity Name

SLT DANIA LLC

Principal Place of Business

777 WESTCHESTER AVENUE
WHITE PLAINS NY 10604

Mailing Address

2231 E. CAMELBACK RD., STE. 400
PHOENIX AZ 85016

2. Principal Place of Business

1111 Westchester Avenue
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

White Plains, NY

Zip

10604

Country

USA

City & State

Zip

Country

4. FEI Number

65-0684540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 September 26, 2001

300004614328--7

-09/27/01--01089--005

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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☐ 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

9/16/01

(602) 852-3900

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

Date

Daytime Phone #

001075

CR2E083 (5/01)

STAPLE CHECK HERE

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE