

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90021 045 *****50.00

DOCUMENT # M96000000252

1. Entity Name

SLT DANIA LLC

Principal Place of Business

**1111 WESTCHESTER AVENUE
 WHITE PLAINS NY 10604**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

Peter Morrow **3-26-02** **(602) 852-3900**

CR2E083 (9/01)