

2001 UNIFORM BUSINESS REPORT (UBR)

29753 AF

DOCUMENT # M96000000499
1. Entity Name
 AUTUMN PINE APARTMENTS L.L.C.

FILED

Principal Place of Business
 AUTUMN PINES APARTMENTS
 P.O. BOX 32382
 JACKSONVILLE FL 32257

Mailing Address
 B & M MANAGEMENT CO
 P O BOX 241402
 MONTGOMERY AL 36124-1402

01 JUL 30 AM 8:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 3857 Prutmore Road
 Suite, Apt. #, etc. Apt 94
 Jacksonville FL

3. Mailing Address
 P.O. Box 241402
 Suite, Apt. #, etc.
 Montgomery AL

City & State
 Jacksonville FL

City & State
 Montgomery AL

Zip
 32257

Zip
 36124-1402

Country
 USA

Country
 USA

DO NOT WRITE IN THIS SPACE
 63-1185187

4. FEI Number 63-1185189

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 ROBINWOOD/ AUTUMN PINES APARTMENTS
 3857 PRUTMORE ROAD, APT. 94
 JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004513633-7
 -08/03/01--01011--010
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLANCHARD, JOHN D 9842 WYNCREST CIRCLE MONTGOMERY AL 36117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SAMUEL L 9842 WYNCREST CIRCLE MONTGOMERY AL 36117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner John D. Blanchard P.O. Box 241402 - 865D Minnie Brown Rd. Montgomery AL 36117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Samuel L. Miller 865D Minnie Brown Rd Montgomery AL 36117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Debbie Taylor* Controller **5/25/01 331-25-1111**

CR2E083 (11/00)