

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001234

1. Entity Name
SANDPIPER MOBILE MANOR ASSOCIATES, L.L.C.

Principal Place of Business
18700 W. 10 MILE
SOUTHFIELD MI 48075

Mailing Address
18700 W. 10 MILE
SOUTHFIELD MI 48075

FILED
01 MAR 23 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

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

VARICK, MICHAEL
38141 MAYWOOD BAY DRIVE
LEESBURG FL 34788

Name **LINDSEY THOMPSON**
Street Address (P.O. Box Number is Not Acceptable)
38141 MAYWOOD BAY DRIVE
City **LEESBURG** **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 **LINDSEY THOMPSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM**
STREET ADDRESS **BEER, PETER**
CITY-ST-ZIP **18700 W. 10 MILE**
SOUTHFIELD MI 48075

☐ Delete

TITLE
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☐ Change ☐ Addition

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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: **Rose Simpson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/01 (248) 557-1050
Date Daytime Phone #

0027296 AF

CR2E083 (11/00)