

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0026609 AF

DOCUMENT # M98000001467

1. Entity Name
LAGF OPERATING ASSOCIATES-CPI, LLC

01 MAY -1 PM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

101 WEST MAIN STREET
MOORESTOWN NJ 08057

Mailing Address

101 WEST MAIN STREET
MOORESTOWN NJ 08057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2801 EAST COLONIAL DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

4. FEI Number

52-2130370

Applied For

Not Applicable

Zip

32803

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOCHENOUR, KENNETH

2801 EAST COLONIAL DRIVE

ORLANDO FL 32803

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

700004275077--1
-05/21/01--01193--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARPORT ASSOCIATES, LLC
101 WEST MAIN STREET
MOORESTOWN NJ 08057 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: BARBARA EVANS

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

4-17-01

Date

215-972-2222

Daytime Phone #

CR2E083 (11/00)