2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000102 1. Entity Name 00 JUL -6 PM 3: 10 CLUBHOUSE APARTMENTS LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O APARTMENT RENTALS C/O APARTMENT RENTALS 134 NORTH EAGLEVILLE ROAD 134 NORTH EAGLEVILLE ROAD STORRS CT 06268 STORRS CT 06268-1707 2. Principal Place of Business 3. Mailing Address 1400 90M AUE 1400 90 TH AUS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State C/fty & State FE BEACH 06-1465524 Not Applicable UERO VERO BEACH Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDERSON, FREDA Street Address (P.O. Box Number is Not Acceptable) 975 NORTH LAKEWAY PALM BEACH FL 33480 City ERO BEACH 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. SANDERSON. MGRM FREDA FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGRM TITLE ☐ Delete TITLE MGRM SANDERSON, OWEN MARIC NAME HAMP SANDERSON, OWEN MARK 1400 90th AUG STREET ADDRESS STREET ADDRESS 134 NORTH EAGLEVILLE ROAD VERD BEACH. CITY-21-7IP 32966 CITY-ST-71P STORRS CT 06268 TITLE MGRM Oelete ₩£ MGRM SANDERSON, FREDA NAME MAME SANDERSON, FREDA STRFFT ADDRESS 1400 907 AUG STREET ADDRESS 134 NORTH EAGLEVILLE ROAD CITY- ST- 7IP VERO BEACH 32966 CITY- ST-ZIP STORRS CT 06268 Addition Change TITLE HAME 8000003321318 STREET ADDRESS STREET ADDRESS -07/12/00--01073--017 (STV- ST- 71P CITY-ST-ZIP TITLE Delete TITLE MAME HAME STREET ADDRESS STREET ADDRESS CITY- \$T-ZIP CITY- ST- 7IP Addition TITLE ☐ Delete TITLE MAME MAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY- ST- ZIP Change Addition ☐ Delete TITLE TITLE

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.

HAME

STREET ADDRESS

CITY- 87- ZIP

NAME

STREET ADDRESS CITY - 21 - 71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPROVED