

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000225

1. Entity Name

MEMORIAL PLAZA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02

Principal Place of Business

203 CARONDELET, SUITE 210
NEW ORLEANS LA 70130

Mailing Address

203 CARONDELET, SUITE 210
NEW ORLEANS LA 70130

2. Principal Place of Business

636 PINE STREET

Suite, Apt. #, etc.

3. Mailing Address

636 PINE STREET

Suite, Apt. #, etc.

City & State

NEW ORLEANS, LA

City & State

NEW ORLEANS, LA

Zip

70118 - ORLEANS

Zip

70118 ORLEANS

4. FEI Number

72-1304027

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGRM LEARY, PRIEUR J JR. ☐ Delete
STREET ADDRESS 203 CARONDELET, SUITE 210
CITY-ST-ZIP NEW ORLEANS LA 70130

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM LEARY, PRIEUR J JR. ☐ Change ☐ Addition
STREET ADDRESS 636 PINE STREET
CITY-ST-ZIP NEW ORLEANS, LA 70118

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

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

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

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 607(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 607, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

8/1/2000

CR2E083 (5/00)