

2001 UNIFORM BUSINESS REPORT (UBR)

00291 95

DOCUMENT # M99000000262

1. Entity Name
PLANTATION APARTMENTS, L.L.C.

FILED
Jan 22, 2001 8:00 A.M.
Secretary of State

Principal Place of Business
**6660 BEAVERCREEK DRIVE
POINT CLEAR AL 36564**

Mailing Address
**P.O. BOX 151
POINT CEDAR AL 36564**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
63-1216544

Applied For
 Not Applicable

Zip Country

Zip Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM RANDALL, ROBERT G 6660 BEAVERCREEK DRIVE POINT CLEAR AL 36564	<input type="checkbox"/> Delete	<i>P.O. Box 151</i>	
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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-01/26/01--01872-003
****\$50.00 ****\$50.00

Handwritten initials

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: *Robert G. Randall* Date: *1-16-01* Daytime Phone #: *3349286100*

CR2E083 (11/00)