

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:11

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

310021
AT

DOCUMENT # M99000000389

1. Entity Name

Sam Michele II LLC

Principal Place of Business Mailing Address
GALBES REALTY LIMITED PARTNERSHIP GALBES REALTY LIMITED PARTNERSHIP
2859 PACES FERRY ROAD SUITE 1450 2859 PACES FERRY ROAD SUITE 1450
ATLANTA GA 30339 ATLANTA GA 30339-5716



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
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

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

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/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 GABLES RESIDENTIAL APARTMENT PORTFOLIO JV % 2859 PACES FERRY ROAD SUITE 1450 ATLANTA GA 30339	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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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.

Gables Residential Apartment Portfolio JV LLC by: Gables Realty Limited Partnership
by: Gables GP, Inc.

SIGNATURE:

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

Dawn H. Severt

4-25-00

770-436-4600

CR2E083 (9/99)