

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

M99000000389

SAN MICHELE II, LLC

FILED

01 MAY -3 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

GABLES REALTY LIMITED PARTNERSHIP  
2859 Paces Ferry Road  
Suite 1450  
Atlanta, GA 30339

Mailing Address

GABLES REALTY LIMITED PARTNERSHIP  
2859 Paces Ferry Road  
Suite 1450  
Atlanta, GA 30339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-245 3912

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION  
1200 South Pine Island Road  
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Deborah Gentry

Street Address (P.O. Box Number is Not Acceptable)

6551 Park of Commerce Blvd NW

Suite 100

City

Boca Raton

FL

Zip Code

33487

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 *Deborah L. Gentry*  
Signature, typed or printed name of registered agent and title (if applicable)

*Deborah Gentry*  
(NOTE: Registered Agent signature required when reinstating)

4/20/01  
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALES RESIDENTIAL APARTMENT PORTFOLIO 2859 Paces Ferry Road, Suite 1450 Atlanta, GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gables Realty Limited Partnership
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S:000004335779-8 -05/31/01--00000000 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Don H. Sewert*

Don H. Sewert

4-19-01

770-436-4600

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

Date

Daytime Phone #

CR2E083 (11/00)