

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M9900 0000409

1. Entity Name

Grand Isle LLC

D1B7A

Gables JV Portfolio-Grand Isle LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o JP Morgan Chase Bank

3. Mailing Address

Same

Suite, Apt. #, etc.

522 Fifth Avenue

Suite, Apt. #, etc.

City & State

New York, NY

City & State

Zip

10036

Country

USA

Zip

Country

4. FEI Number

58-2453914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Gables Residential Apartment Portfolio SV
2859 Paces Ferry Road, Suite 1450
Atlanta, GA 30339

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Southeast Residential Member LLC
522 Fifth Avenue
New York, NY 10036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Alfred W. Dort, Vice President, JP Morgan Chase Bank
(Special Situation Property)

May 1, 2002

212-837-5484

Date

Daytime Phone #

FILED

02 MAY 13 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083B (12/01)