

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90129 019 ****50.00

DOCUMENT # M99000000768
1. Entity Name
NASSAU LAKES APARTMENTS, LLC

954332

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>30874 PARADISE COMMONS</u> Suite, Apt. #, etc.		3. Mailing Address <u>3190 NORTHEAST EXPRESSWAY</u> Suite, Apt. #, etc. <u>SUITE 410</u>	
City & State <u>FERNANDINA BEACH, FL</u>		City & State <u>ATLANTA, GA</u>	
Zip <u>32034</u>	Country <u>USA</u>	Zip <u>30341</u>	Country <u>USA</u>

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4. FEI Number <u>255-40-4619</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>CORPORATION SERVICE COMPANY</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYS STREET</u>
City <u>TALLAHASSEE</u>
FL Zip Code <u>32301-2525</u>

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.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY-1

9. MANAGING MEMBERS / MANAGERS

TITLE <u>MGR</u> NAME <u>DAVID BERKMAN</u> STREET ADDRESS <u>3190 NORTHEAST EXPRESSWAY, SUITE 410</u> CITY-ST-ZIP <u>ATLANTA, GA 30341</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E083B (12/01)

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: David Berkman **DAVID BERKMAN** 04/24/02 770-454-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #