

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90055 032 *****50.00

0026373 FP

DOCUMENT # M99000000822

1. Entity Name
DAI HIGHLANDER APARTMENTS, LLC



Principal Place of Business
**10621 MANACO A
APT #24
JACKSONVILLE FL 32218**

Mailing Address
**7135 HODGSON MEMORIAL A
STE 14 B
SAVANNAH GA 31406**

2. Principal Place of Business

3. Mailing Address

7135 HODGSON MEMORIAL DRIVE
Suite, Apt. #, etc.
Suite 14B

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Country

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

**SAULS, JAMES S
522 JEFFERSON STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$2,216,000.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DAI, LLC III
7135 HODGSON MEMORIAL AV STE 14B
SAVANNAH GA 31406

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DAI, LLC III

☒ Change ☐ Addition

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CITY - ST - ZIP

☐ Change ☐ 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

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

Date

Daytime Phone #

CR2E083 (4/03)