


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000960
 1. Entity Name
APARTMENT ENTERPRISES, LLC

Principal Place of Business Mailing Address
4011 35TH COURT **4011 35TH COURT**
WEST PALM FL 33407 **WEST PALM FL 33407**

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 SEP 25 PM 10:57

 DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0906961** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
OGDEN, CAROL ANN
3250 MARY STREET, #306
MIAMI FL 33133

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OGDEN, CAROL ANN 3250 MARY STREET, SUITE 306 MIAMI FL 33133	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

MGR
PAUL C. SEMERITA Change Addition
3250 MARY ST, SUITE 306
MIAMI FL 33133

200004616732-4
-09/28/01-01062-022
*******55.00 *****55.00**
 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 REQUIRED 8/23/01
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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