

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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01 MAY 23 AM 7:40

1. Entity Name

Bala Multi-Family Investment Company, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

2025 Lakepointe Drive

3. Mailing Address

c/o Legal Dept.

Suite, Apt. #, etc.

1B

Suite, Apt. #, etc.

One Bala Ave., Ste. 400

DO NOT WRITE IN THIS SPACE

City & State

Lewisville, TX

City & State

Bala Cynwyd, PA

4. FEI Number

23-2976646

Applied For

Not Applicable

Zip

75057

Country

Zip

19004

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete
NAME Keating, Daniel J., III
STREET ADDRESS One Bala Ave., Suite 400
CITY-ST-ZIP Bala Cynwyd, PA 19004

TITLE MGR ☐ Delete
NAME Lewis, Terry T.
STREET ADDRESS 2025 Lakepointe Dr., Ste. 1B
CITY-ST-ZIP Lewisville, TX 75057

TITLE MGR ☐ Delete
NAME Cocchia, Peter T.
STREET ADDRESS One Bala Ave., Ste. 400
CITY-ST-ZIP Bala Cynwyd, PA 19004

TITLE MGR ☐ Delete
NAME Martin, Dennis A.
STREET ADDRESS One Bala Ave., Ste. 400
CITY-ST-ZIP Bala Cynwyd, PA 19004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

Daniel J. Keating, III

Daniel J. Keating, III 5/15/01 610-668-4100

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

Date

Daytime Phone #

CR2E083 (11/00)