

002243

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001944

1. Entity Name

2626 EAST PARK AVENUE II, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 13 AM 11:21

Principal Place of Business

2036 WASHINGTON STREET  
HANOVER MA 02339

Mailing Address

2036 WASHINGTON STREET  
HANOVER MA 02339

2. Principal Place of Business

421 East 4th Street

Suite, Apt. #, etc.

3. Mailing Address

421 East 4th Street

Suite, Apt. #, etc.

City & State

Cincinnati Ohio

City & State

Cincinnati Ohio

Zip

45202

Country

USA

Zip

45202

Country

USA

4. FEI Number 52-2202926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. 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

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM  
NAME TULIP AQUISITIONS, LTD.  
STREET ADDRESS 2036 WASHINGTON ST.  
CITY-ST-ZIP HANOVER MA 02339 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME Country Place Associates  
STREET ADDRESS 400 Broadway  
CITY-ST-ZIP Cincinnati OH 45202 ☐ Change ☐ Addition

TITLE  
NAME 200027063542  
STREET ADDRESS 01/16/04--01004--011 \*\*200.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED**

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

10/26/03

Date

513-629-1426

Daytime Phone #

CR2E083 (4/03)