

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 27 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000002057

1. Entity Name
ZR APOPKA, LLC

Principal Place of Business
501 WASHINGTON STREET
DURHAM NC 27701

Mailing Address
501 WASHINGTON STREET
DURHAM NC 27701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

562168813

4. FEI Number

APPLIED FOR

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LEWIS, HAROLD L
2 SOUTH BISCAYNE BOULEVARD, SUITE 2400
MIAMI FL 33131

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR ZAPOLSKI, TODD
STREET ADDRESS 501 WASHINGTON STREET, CITY PLACE
CITY-ST-ZIP DURHAM NC 27701

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME Change Addition
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: *T Zapolski*

SIGNATURE REQUIRED: *Todd Zapolski*

Date: *7-12-00* Daytime Phone #: *(707) 967-0461*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E063 (5/00)

ZAPOLSKI+RUDD, LLC
REAL ESTATE INVESTMENT DEVELOPMENT MANAGEMENT

July 24, 2000

Florida Department of State
Division of Corporations Reg. Sec.
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I apologize for excluding our Federal Employer Identification (FEI) Number on the enclosed document. Our FEI Number is 562168813.

If there is anything else you need in order to complete this process, please do not hesitate to ask.

Sincerely,



Hunter Leemon
Zapolski + Rudd, LLC