2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P97000066395

1. Entity Name

LOWELL AT MONARCH LAKES, INC.



FILED Feb 10, 2003 8:00 am Secretary of State
02-10-2003 90209 005 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP KAHN, S L III NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Principal Place of Business 80 S.W. 8TH STREET STE. 1870 MIAMI FL 33130		Mailing Address 80 S.W. 8TH STREET STE. 1870 MIAMI FL 33130			1 84 1194 110 140 140 140 140 140 1	H 11HH 11HH 81HD 1			
City & State City & State City & State City & State 4. FEI Number 65-0701202 Applied Fo Not Applied Not Applied S. Certificate of Status Desired Status Desired Agent Status Desired Status Desired Status Desired Address of New Registered Agent Status Des	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country 5, Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Fee Required Name KAHN, S L III 80 S.W. 8TH STREET STE. 1870 MIAMI FL 33130 City FL Zip Code 8. The above naméd 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 acc the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when reristating) PLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE MAME KAHN, S L III DPS KAHN, S L III MAME KAHN, S L III MAME KAHN, S L III MAME MIAMI FL 33130 City-Si-Zip MIAMI FL 33130 City-Si-Zip MIAMI FL 33130 Change Add City-Si-Zip Delete TITLE DV Change Add Change Add City-Si-Zip DV Change Add City-Si-Zip DV Change Add City-Si-Zip DV Change Add City-Si-Zip DV Change Add City-Si-Zip DV	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Signature. Typed or printed name of registered agent. File Now!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State DPS Make Check Payable to Florida Department of State Title MAME Sireet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Ac	City & State		City & State		4. F	FEI Number 65-07012	02			
Name	Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add	ditional	
KAHN, S L III 80 S.W. 8TH STREET STE. 1870 MIAMI FL 33130 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 acc 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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS KAHN, S L III STREET ADDRESS KAHN, S L III 80 S W 8TH ST STE 1810 MAME STREET ADDRESS MIAMI FL 33130 Change Add Add Change Add Chan	6	6. Name and Address of Current Re	gistered Agent	Name of the last o	7. N	Name and Address of New	v Registered Ag	jent		╡-
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	KAHN SI III	II		Name						
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 accepted agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Patternow!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	•			Street .	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am famillar with, and acceptable to 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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33130 Delete TITLE DV Delete DV Delete DV Delete DV Delete TITLE DV DELete DV DELete DV DELete DV DELete DV DELete DV DELete DV DV DELete DV DV DV DV DV DV DV DV	MIAMI FL 331	3130				**************************************		-		
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: