

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 026 ***150.00

DOCUMENT # S94558 1. Entity Name TL APARTMENTS, INC.					
Principal Place of Business 120 E PALMETTO PARK RD STE 100 BOCA RATON, FL 33432 US			Mailing Address 10718 KIRKALDY LANE BOCA RATON, FL 33498 US		
2. Principal Place of Business - No P.O. Box # 20283 State Road 7		3. Mailing Address Suite, Apt. #, etc. Suite 300			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-0315291	
Zip 33498		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LICHTMAN, JONATHAN J PA 20283 STATE RD. 7 SUITE 300 BOCA RATON, FL 33498				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LICHTMAN, JONATHAN J 10718 KIRKALDY LANE BOCA RATON, FL 33498	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS NASS, ROBERT A P.O. BOX 244 DELAND, FL 32724	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 _____		Jonathan J. Lichtman, President (561) 869-3600			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	