

2301 UNIFORM BUSINESS REPORT (UBR)

000005 AT

DOCUMENT # Z00059
 1. Entity Name
WESTVIEW MANOR APARTMENTS L.C.

FILED

01 JAN 29 AM 11:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2601 S. BAYSHORE DR. 2601 S. BAYSHORE DR.
 SUITE 600 SUITE 600
 MIAMI FL 33133 MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 2645 S. Bayshore Drive 2645 S. Bayshore Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1101 1101
 City & State City & State
 Miami, Florida Miami, Florida
 Zip Country Zip Country
 33133 US 33133 US

4. FEI Number Applied For
 65-0080714 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KRINZMAN, RICHARD N.
 2601 S. BAYSHORE DR.
 SUITE 600
 MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name
 KRINZMAN, RICHARD N.
 Street Address (P.O. Box Number is Not Acceptable)
 2645 S. Bayshore Drive
 Suite 1101
 City State Zip Code
 Miami FL 33133

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]* DATE: 1/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRINZMAN, RICHARD N. <input type="checkbox"/> Delete 2601 S. BAYSHORE DR. SUITE 600 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRINZMAN, ALAN E. <input type="checkbox"/> Delete 2601 S. BAYSHORE DR. SUITE 600 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BELLER, LYNN <input type="checkbox"/> Delete 9601 COLLINS AVE., APT. 909 BAL HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRINZMAN, RICHARD N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address 2645 S. Bayshore Drive, Suite 1101 Miami, Florida 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRINZMAN, ALAN E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address 133 Sevilla Avenue Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -02/06/01--01083--004 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: 1/18/01 (305) 859-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #
 Richard N. Krinzman, Managing Member

CR2E083 (11/00)