

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000025873

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: WESTON SOUTH OFFICE, LLC

**Current Principal Place of Business:**

620 COLLEGE AVENUE  
HAVERFORD, PA 19041

**New Principal Place of Business:**

**Current Mailing Address:**

620 COLLEGE AVENUE  
HAVERFORD, PA 19041

**New Mailing Address:**

FEI Number: 14-1402721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRAZIER, ROBERT W JR.ESQ.  
FRAZIER, HOTTE & ASSOCIATES, P.A.  
2400 EAST COMMERCIAL BOULEVARD, STE 826  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BELMONT, BARRY J  
Address: 620 COLLEGE AVENUE  
City-St-Zip: HAVERFORD, PA 19041

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARRY J. BELMONT

MGRM

04/29/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date