DOCUMENT # A09372  1. Erroy Name WESTERPO VILAGE APTS, LTD.  Principal Place of Business  Maling Address 110 (8) 4478 57. SURE 370  MAIN 1, 2019-2010  S. Maling Address  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft, Apt. 4, etc.  On NOT WORTE IN This SPINCE  2. Principal Place of Business  Soft Address of Current Plaglataned Agent  Name  1. Name  Soft Number of Address of Plaglataned Agent  Name  1. Name  Soft Plaglataned Agent agent on the Plaglataned Agent  Name  1. Name  Soft Number of Plaglataned Agent agent on the Plaglataned Agent agent agent agent on the Plaglataned Agent agent on the Plaglataned Agent agent on the Plaglataned Agent ag	2000 UNIFORM BUSINESS REPORT (UBR)											
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Mailing Address  140 SW 40TH ST. SUITE 970  MAILING ADdress  Suite, Apt. #, etc.  City & State  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  A FEE Number SPACE	WESTBIRD VILLAGE	AF13., LID.					_					
2. Principal Place of Business  3. Mailing Address  Suite, April 4, etc.  Suite Address of Name and Address of Current Registered Agent  Nome  Suite Address (IT), Name and Address of Name Registered Agent  Nome  Suite Address (IT), Name and Address of Name Registered Agent  Nome  Suite Address (IT), Suite Address of Name Registered Agent  Nome  Suite Address (IT), Suite Address (IT), Suite Address (IT), Name and Address of Name Registered Agent  Nome  Suite Address (IT), Suite Address (IT), Suite Address (IT), Name and Address of Name Registered Agent  Nome  Suite Address (IT), Suite Address (IT), Suite Address (IT), Name and Address of Printing  Suite Address (IT), Sui	Principal Place of Business		Mailing Address				00 MAR 23 PM 3:00					
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Zep Country Zip South Country Space State Country Space State Desired Application Space State Desired Space State Desired Space Spac	2. Principal Place of Business											
Secretary   Secr	Suite, Apt. #, etc.											
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  AMIELS, NICHOLAS M ESO ONE S.E. 3RD AVENUE, SUITE 2400  MIAM FL 33131  City FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fonds.  SIGNATURE	City & State		City & State		4. FEI Number 59-0589266					<del> </del>	_	
DANIELS, NICHOLAS M ESO ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131  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  2500AL, 1964 of purpose of purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  2500AL, 1964 of purpose of purpose of changing its registered office or registered agent, or both, in the State of Florida.  DIF  150 Amount of Capital Contributions as Shown on read entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  DIF  250 Amount of Capital Contributions as Shown on read entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  10 Amount of Capital Contributions as Shown on read entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  11 MAKE CHECK PAYABLE TO BEPT OF STATE SER EVERSES SIDE FOR FEI INFORMATION  12 CITY STATE SERVERSES SIDE FOR FEI INFORMATION  13 AUDIESS CHANGES ONLY  14 DESCRIPTION OF SERVERSES ONLY  15 SERVER ADDRESS CHANGES ONLY  16 SERVER ADDRESS CHANGES ONLY  17 STATE ADDRESS  17 STATE ADDRESS  18 STRET ADDRESS  1	Zip .	Country .	Zip Coun		try	5. Certifica						
DANIELS, NICHOLAS M ESO ONE SE, 3RD AVENUE, SUITE 2400 MIAMR FL 33131  City FL Zip Code  8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE Supress, hyper or price of changing its registered agent, or both, in the State of Florida.  SIGNATURE Supress, hyper or price of changing its registered agent, or both, in the State of Florida.  SIGNATURE Supress, hyper or price of changing its registered agent, or both, in the State of Florida.  SIGNATURE SUPPLY AND STATE INFORMATION 10. Amount of Capital Contributions as Shown on record.  11. MAKE CHECK PAYABLE TO DEPT OF STATE in FLORIDA to data.  A GENERAL PARTINERTHAT IS A BUSINESS SINTITY MUST BE REGISTERED AND ACTIVE HIPTINIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. OCCURRENT PAYABLE TO DEPT OF STATE in FLORIDA to data.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. ADDRESS CHANGES ONLY  WING ROUP. NO.  13. ADDRESS CHANGES ONLY  STREET ADDRESS  W GROUP. NO.  14. STREET ADDRESS  CITY-ST-2P  COLUMBRY  NAME  STREET ADDRESS  CITY-ST-2P  COLUMBRY  STREET ADDRESS  CITY-ST-2P  COLUMBRY  STREET ADDRESS  CITY-ST-2P  COLUMBRY  STREET ADDRESS  CITY-ST-2P  COLUMBRY  STREET ADDRESS  CIT	6. Name a	nd Address of Current Reg	istered Agent		Nama							-
Size Address (P.O. Box Number is Not Acceptable)  Size Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named critily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE:  Signature Species of Control of Species Control of Species Control of Control	DANIELS, NICHOLAS I	M ESQ										
8. The above named entity submits this statement for the purpose of changing its registered office or rog stered agent, or both, in the Stale of Florida.  SIGNATURE    Superan topod or originated agent and the Tapiticator   NOTE Registered Agent synaus required when reinstanting   DATE	ONE S.E. 3RD AVENUE, SUITE 2400				Street Address (P.O. Box Number is Not Acceptable)							
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