2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15 2000 8:00 am
Secretary of State

DOCUMENT # A97000002831

1. Entity Name
AMALFI WEST, LTD

Principal Place of Business	Mailing Address
3621 BAYOU SOUND LONGBOAT KEY, FL 34228	3621 BAYOU SOUND LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3621 BAYOU CIRCLE		P.O. BOX 3258	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/O RIC GREGORIA	
City & State		City & State SARASOTA, FL	
Zip	Country	Zip 34236	Country USA

4. FEI Number: 65-0606221 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMBRECHT, WILLIAM G ESQ. 200 SOUTH ORANGE AVENUE SARASOTA, FL 34228 US	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.

SIGNATURE ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $250,000.00

10. Amount of Capital Contributions in FLORIDA to date. $250,000.00

[redacted]

A GENERAL PARTNERTHAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P97000103942 MDS HOLDINGS, INC. 3621 BAYOU SOUND LONGBOAT KEY, FL 34228	STREET ADDRESS / CITY-ST-ZIP	3621 BAYOU CIRCLE
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	500003300235---8 -06/22/00--01005--016 ****526.25 ****526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

CR2E003 (9/99)

14. 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 General Partner of limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Maria DeSanto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #