

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90081 044 ****50.00

DOCUMENT # L00000004597

1. Entity Name

FW PROPERTIES, LLC

Principal Place of Business

**501 SOUTH FLAGLER DRIVE
SUITE 502 FLAGLER CENTER
WEST PALM BEACH FL 33401**

Mailing Address

**501 SOUTH FLAGLER DRIVE
SUITE 502 FLAGLER CENTER
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1010165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBER, JAMES E
501 SOUTH FLAGLER DRIVE, SUITE 502
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE-NAME
**MGR
PROUTY, LORETTA J** ☐ Delete
STREET ADDRESS
501 SOUTH FLAGLER DR., SUITE 502
CITY-ST-ZIP
WEST PALM BEACH FL 33401

TITLE-NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE-NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE-NAME ☐ Delete
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CITY-ST-ZIP

TITLE-NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/02 **561-330-6744**

CR2E083 (9/01)