

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90239 027 \*\*\*\*50.00

**DOCUMENT # L00000006509**

1. Entity Name  
**WTSB, L.L.C.**

Principal Place of Business  
**125 WORTH AVENUE, SUITE 310**  
**PALM BEACH FL 33480**

Mailing Address  
**125 WORTH AVENUE, SUITE 310**  
**PALM BEACH FL 33480**

2. Principal Place of Business  
**c/o Pillsbury Winthrop LLP**  
 Suite, Apt. #, etc.

3. Mailing Address  
**c/o Pillsbury Winthrop LLP**  
 Suite, Apt. #, etc.

City & State  
**New York, New York**

City & State  
**New York, New York**

Zip  
**10004-1490**

Country  
**USA**

Zip  
**10004-1490**

Country  
**USA**

4. FEI Number  
**65-1091227**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RABIDEAU, GUY**  
**125 WORTH AVENUE, SUITE 310**  
**WINTHROP, STIMSON PUTNAM**  
**PALM BEACH FL 33480**

**7. Name and Address of New Registered Agent**

Name  
**NRAI Services, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**526 E. Park Avenue**  
 City  
**Tallahassee FL** Zip Code  
**32301**

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 Kevin Clerkin **Kevin Clerkin, Asst. Secretary** **4/12/2002**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BURKE, WILLIAM L ONE BATTERY PARK PLAZA NEW YORK NY 10004-1490</b>	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: William L. Burke **William L. Burke** **4/12/02** **212-858-1133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (9/01)