

FILED
Apr 28, 2003 8:00 am
Secretary of State

02-17-2003 90004 046 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L00000013803

1. Entity Name
WEST AVENUE APARTMENTS, L.C.

Principal Place of Business: **60 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI FL 33130**
 Mailing Address: **60 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI FL 33130**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **65-1074819** Applied For: Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BEFELER, GEORGE
60 SOUTHWEST 8TH STREET, SUITE 3100
MIAMI FL 33130

7. Name and Address of New Registered Agent
 Name: **PETER CURA**
 Street Address (P.O. Box Number in New Address): **1605 BAY DRIVE**
 City: **MIAMI BEACH** FL Zip Code: **33141**

(Handwritten initials)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: George Befeler DATE: 4/25/03

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEFELER, GEORGE 60 SW 8TH ST, SUITE 3100 MIAMI FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURA, PETER 1605 BAY DRIVE MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORMON I.L.C. 60 SW 8 STREET- STE 3100 MIAMI FL 33130 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2ED83 (1/0/02)

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 606, Florida Statutes.

SIGNATURE: [Signature] **REQUIRED** DATE: 02-14-03 205-867-0048

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