

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90613 041 *****50.00

0042717

DOCUMENT # L01000004338

1. Entity Name

WEST 192 PROPERTIES, L.L.C.



Principal Place of Business

**815 EMMETT STREET, SUITE D
KISSIMMEE FL 34741**

Mailing Address

**PO BOX 470016
CELEBRATION FL 34747**

2. Principal Place of Business

715 Celebration Place

3. Mailing Address

715 Celebration Place

Suite, Apt. #, etc.

190 - "A"

Suite, Apt. #, etc.

190 - "A"

City & State

Celebration, FL

City & State

Celebration, FL

Zip

34747

Country

OSCEOLA

Zip

34747

Country

OSCEOLA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3713299

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TERRICO, MARTIN E
4877 LAKE CAGLE DRIVE
KISSIMMEE FL 34741**

CECILE

7. Name and Address of New Registered Agent

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TERRICO, MARTIN E**
STREET ADDRESS **4877 LAKE CAGLE DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34746** **cecile**

TITLE **MGR** ☐ Delete
NAME **HARVEY, MICHAEL**
STREET ADDRESS **815 SPRING PARK LOOP**
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **Robert Severino**
CITY-ST-ZIP **1585 Celebration Ave.
Celebration FL 34747**

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

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

TITLE ☐ Change ☐ Addition
NAME
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 #

4/1/03 407 396 8427

CR2E083 (10/02)