

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

**FILED**  
03 APR 25 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT #</b> 1. Entity Name	L01000005329 Cortez West, LLC	
-------------------------------------	----------------------------------	---

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1401 8th Ave West Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 14670 Suite, Apt. #, etc.	
City & State Bradenton		City & State Bradenton	
Zip 34205	Country USA	Zip 34280	Country USA

MJH

4/25

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1110762	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Gene Ennis

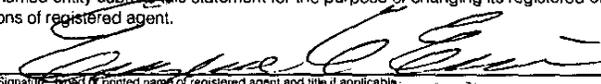
Street Address (P.O. Box Number is Not Acceptable)

1401 8th Avenue West

City  
Bradenton

FL Zip Code  
34205

**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  DATE 4-21-03

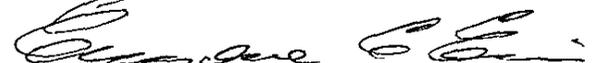
**FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ennis, Eugene C 1401 8th Avenue West Bradenton, Florida 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700017109807 04/25/03--01079--016 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:  DATE 4-21-03 800 258-5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)