

FILED


03 SEP 10 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007370

1. Entity Name
METROWEST PLACE DEVELOPMENT, L.L.C.



Principal Place of Business
1803 PARK CENTER DRIVE SUITE 220
ORLANDO, FL 32835

Mailing Address
1803 PARK CENTER DRIVE SUITE 220
ORLANDO, FL 32835

2. Principal Place of Business
1768 Park Center Drive
Suite, Apt. #, etc.
Suite 270
City & State

3. Mailing Address
1768 Park Center Dr.
Suite, Apt. #, etc.
Suite 270
City & State

900023345989
09/25/03--01091--011 **5221.00



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3720907 Applied For Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent
RUSH, RANDOLPH J
250 PARK AVENUE SOUTH, 6TH FLOOR
WINTER PARK, FL 32789

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when changing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 17, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSEND, DAVID J 1803 PARK CENTER DRIVE SUITE 220 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1768 Park Center Drive #270 <input checked="" 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
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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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

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: *David J. Townsend* David J. Townsend, Manager
Date: 9/9/03 407-294-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E003 (10/02)