

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007615

1. Entity Name  
WESTCITY REALTY ADVISORS, LLC

**FILED**  
Sep 11, 2002 8:00 am  
Secretary of State

09-11-2002 90128 003 \*\*\*\*55.00

Principal Place of Business  
~~C/O CAREY KRAMER COMPANY SOUTH FLORIDA~~  
~~1840 N. COMMERCIAL BLVD. STE. 3~~  
~~WESTON FL 33332~~

Mailing Address  
~~C/O CAREY KRAMER COMPANY SOUTH FLORIDA~~  
~~1840 N. COMMERCIAL BLVD. STE. 3~~  
~~WESTON FL 33332~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**CHANGE OF ADDRESS**

**150 E. Palmetto Park Road #401**

**Boca Raton, FL 33432**

4. FEI Number

65-1104432

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMIGRAN, KENNETH H

Name

Street Address (P.O. Box Number is also acceptable)

**CHANGE OF ADDRESS**  
**150 E. Palmetto Park Road #401**

City

**Boca Raton, FL 33432**

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 Department of State**  
**Due By September 25, 2002**

55

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Kenneth H. Simigran  
MGRM

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CHANGE OF ADDRESS**  
**150 E. Palmetto Park Road #401**  
**Boca Raton, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Stephen Douglas  
MGRM

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (4/02)