2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013078

1. Entity Name

MWC CAPITAL PARTNERS, L.L.C.



FILED Feb 20, 2003 8:00 am Secretary of State
02-20-2003 90022 035 ****50.00

				A SEC ME LEGIS	1					
Principal Pla	ace of Business	Mailing Address			-					
4517 OLD CARRIAGE TRAIL OVIEDO FL 32765		4517 OLD CARRIAGE TRAIL OVIEDO FL 32765								
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2 Principal	Place of Publican	1 + 2				i i i i i i i i i i i i i i i i i i		a a 11 18 aa 1 1111 aa 1111		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_					
		Conc, Apr. #, etc.	0.00, 1.00.			CHECK H	ERE IF MAK	ING CHANGE	S	
City & State		City & State			4. FEI Nun	nher EQ-272 0	1100		Applied For	_
					4. FEI Number 59-3732190 Applied For Not Applicable					۲
Zip	Country	Zip	Coun	try	5 Cortifies	ate of Status Desire		\$5.00 A		٦
6. Name and Address of Current F		Adjutared Agent			<u> </u>		_	Fee Requir		
	o. Name and Address of Current	legistered Agent		Name	7. Name a	nd Address of Ne	w Register	ed Agent		コ
WE.	atherford, William P Jr.			Weceth	verford	و تالنصا.	- P.	Jn.		- (
103	1 W. MORSE BLVD., SUITE 105	Street Address			herford William P. Or. (P.O. Box Number is Not Acopptable)					┪
WIN	ITER PARK FL 32789			1120 1	<u> لا ننام.</u>	mech the	<u>e. D</u>	rite 4		
										1
			Ī	Sity. 1	D 1			Zip Coo	de o	7
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or register	Harle	oth in the State o	f Etavida II.a	<u>- ਤਿਨ</u>	789	
the obliga	tions of registered agent.	and have an arranging to	, registere	a onice of register	eu agent, or b	om, in the State o	r Horida. ⊥a	m tamiliar with	i, and accept	
SIGNATURE	urtu									
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT)	E: Registered	Agent signature required	when reinstating)	_ 	DATI			
		FILE NO)WIII F	EE IS \$50.00						7
		Make Check Payabl	le to Flo	rida Departmer	nt of State					
		Due	e By Ma	y 1, 2003	01 01010					l
9.	MANAGING MEMBERS/MANAGERS 10.					ADDITIO	10/01/44/0			╛
TITLE	MGR	☐ Delete TITLE				ADDITIO	NS/CHANG			┨;
NAME	CHRISTY, MAUREEN D		NAME					Change	Addition	ŀ
STREET ADDRESS	4517 OLD CARRIAGE TRAIL		STREE	F ADDRESS						
CITY-ST-ZIP	OVIEDO FL 32765		CITY-S	ST-ZIP						
TITLE	MGR	☐ Delete	TITLE				-	☐ Change	☐ Addition	18
vame Street address	CHRISTY, WILLIAM J		NAME							19
CITY-ST-ZIP	4517 OLD CARRIAGE TRAIL			ADDRESS						
TITLE _	OVIEDO FL 32765		CITY-S	IT-ZIP			<u> </u>	<u> </u>		
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TY-ST-ZIP		•	CITY-ST	ADDRESS -7IP		•				
1. I hereby ce	ertify that the information supplied with thi	e filing does not exalt to a		I					ŧ	l
		a mind ones not drightly tol. I	ne exemn	auon stated in Sect	unn 110 N7/3\	 Fiorida Statutor 	a I feetbar as	براز والمناه والمناه والأناوي	C	

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