2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020532

1. Entity Name

WEIRICH FLORIDA PROPERTIES, LLC

|--|

FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90182 030 ****50.00

Principal Place		Mailing Address]				
579 NE PLANTA STUART FL 349	ation road N304 996	10237 NAVARRE COURT RICHMOND VA 23233				in an e n i ilnee musel as ein i	ndari Barra kidis	1 8019: 81166 1	ERLA RIAN (MAN
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State	e	City & State			4. FEI Number	NOT APPLI	CABLE	<u> </u>	oplied For
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired Status Desired Fee Required				
	6. Name and Address of Currer	nt Registered Agent	<u> </u>		7. Name and	Address of New Re	gistered A	gent	
KERI	NS, RICHARD	And the second second second		Name		e e		•	
119	GLEN EAGLE CIRCLE LES FL 34104		Street Addr		ess (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Cod	e
	named entity submits this statement ons of registered agent.	for the purpose of changing it	ts registered	office or register	ed agent, or both	, in the State of Flor		miliar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered A	Agent signature required	when reinstating)		DATE		
		Make Check Payat			nt of State		-		
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/0	CHANGES		
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME	WEIRICH, WILLIAM H		NAME	Ĭ					
STREET ADDRESS CITY-ST-ZIP	10237 NAVARRE COURT		STREET CITY-S	ADDRESS					
TITLE	RICHMOND VA 23233		TITLE	1-21				Change	Addition
. NAME		□ Delete	NAME					Onlange	
STREET ADDRESS			STREET	ADDRESS	•				
CITY~ST-ZIP			CITY-S	T-ZIP					
TITLE		☐ Delete	TITLE	l I				☐ Change	Addition
NAME STREET ADDRESS	سر السيداديكو يو الديوس		NAME	ADDRESS	عور مسالية دساد				
CITY-ST-ZIP			CITY-ST			ű.			
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME	1					_
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS		•			
CITY-ST-ZIP			CITY-ST						
TITLE		☐ Delete	TITLE			. <u> </u>		Change	☐ Addition
NAME			NAME					-	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	ADDRESS I-ZIP				<u>,</u>	
indicated	ertify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust	d that my signature shall have	the same le	egal effect as if m	ade under oath:	hat Lam a managir	further certif ng member	y that the ir or manage	nformation or of the