

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90025 031 ****50.00

DOCUMENT # L01000022546
1. Entity Name
WEST PALM BEACH APARTMENTS, WEST, L.C.

DO NOT WRITE IN THIS SPACE

938870

2. Principal Place of Business
14200 Temple Blvd.
Suite, Apt. #, etc.

3. Mailing Address
14200 Temple Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Loxahatchee, FL
Zip: 33470 Country: US

4. FEI Number: 90-0000925 Applied For: Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Amerigo Foriere
Street Address (P.O. Box Number is Not Acceptable):
14200 Temple Blvd.
City: Loxahatchee FL Zip Code: 33470

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Amerigo Foriere 14200 Temple Blvd. Loxahatchee, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Janice Foriere 14200 Temple Blvd. Loxahatchee, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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: Janice Foriere Janice Foriere 4/10/02 561-795-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #