

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

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**  
04-17-2002 90025 032 \*\*\*\*50.00

DOCUMENT # L01000022547  
1. Entity Name  
WEST PALM BEACH APARTMENTS, EAST, L.C.

000869

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 14200 Temple Blvd. Suite, Apt. #, etc.		3. Mailing Address 14200 Temple Blvd. Suite, Apt. #, etc.	
City & State Loxahatchee, FL	City & State Loxahatchee, FL	Zip 33470	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0000924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 Daytime Phone #