

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90147 047 ****50.00

DOCUMENT # L01000022547



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

Principal Place of Business
**14200 TEMPLE BLVD.
LOXAHATCHEE FL 33470**

Mailing Address
**14200 TEMPLE BLVD.
LOXAHATCHEE FL 33470**

2. Principal Place of Business
2408 Florida St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 30247
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, Fl

City & State
Palm Beach Gardens

4. FEI Number **90-0000924**

Applied For
 Not Applicable

Zip
33400

Country
USA

Zip
33420

Country
USA

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

**FORIERE, AMERIGO
14200 TEMPLE BLVD.
LOXAHATCHEE FL 33470**

Name
Street Address (P.O. Box Number is Not Acceptable)
2408 Florida St.
City **West Palm Beach FL** Zip Code **33400**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, AMERIGO 14200 TEMPLE BLVD. LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, JANICE 14200 TEMPLE BLVD. LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2408 Florida St. West Palm Beach, Fl 33400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2408 Florida St. West Palm Beach, Fl 33400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **3/11/03** **561-1083-9411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0047272
CR2E083 (10/02)