

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90750 007 ****50.00

DOCUMENT # L02000002203

1. Entity Name

WEST CAPE DEVELOPMENT GROUP, L.L.C.



Principal Place of Business

5108 SW 12TH PLACE
CAPE CORAL FL 33914

Mailing Address

5108 SW 12TH PLACE
CAPE CORAL FL 33914

44001568



2. Principal Place of Business

331 Cape Coral Pkwy W

3. Mailing Address

Suite, Apt. #, etc.

Ste C

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

4. FEI Number

03-038 0893

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEFFY, YEAGER

2375 TAMiami TRAIL NORTH, SUITE 310
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Robert V. Peterson

Street Address (P.O. Box Number is Not Acceptable)

5108 SW 12th Pl

City Cape Coral

FL

Zip Code 33914

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

Robert V. Peterson

Robert V. Peterson, Mgr. 4/22/03

Signature, typed or printed name of registered agent and liability applicator.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PETERSON, ROBERT V
STREET ADDRESS 5108 SW 12TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Robert V. Peterson Robert V. Peterson 4/22/03 239-542-9271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (10/02)