


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91000 047 ****50.00

DOCUMENT # LO2000003992

1. Entity Name WILBWOOD Developers LLC
729 S. Federal Hwy
Suite 200
STUART FL 34994



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 729 S. Federal Hwy
Suite, Apt. #, etc. Suite 200
City & State STUART FL
Zip 34994 Country MARTIN

3. Mailing Address Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 03 0388728 Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name Pasquale Zarro
Street Address (P.O. Box Number is Not Acceptable) 729 S Federal Hwy
Suite 200
City STUART FL Zip Code 34994

**DO NOT WRITE
IN THIS SPACE**

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 Pasquale Zarro TREASURER 4-22-03
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>Martin Schaffen</u> <u>1597 S. Port St. Lucie Blvd.</u> <u>Port St. Lucie FL 34952</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE-PRESIDENT</u> <u>Robert Berthiaume Jr.</u> <u>729 S Federal Hwy Suite 200</u> <u>STUART FL 34994</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>PASQUALE ZARRO</u> <u>729 S. Federal Hwy Suite 200</u> <u>STUART FL 34994</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>ELI MORGENTHAU</u> <u>1597 S. Port St. Lucie Blvd.</u> <u>Port St. Lucie FL 34952</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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 Pasquale Zarro TREASURER 4-22-03 772-288-5251
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #