## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 26, 2003 8:00 am Secretary of State

09-26-2003 90004 033 \*\*\*\*50.00

DOCUMENT # L02000004195

1. Entity Name

East Okeechobee Wash Venture, L.C.

The state of the s DO NOT WRITE IN THIS SPACE 90158916 2. Principal Place of Business 3. Mailing Address 2667 Marsellles Drive 2667 Marseilles Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Palm Beach Gardens, FL Palm Beach Gardens, FL 01-0718045 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired \_\_\_\_\_ 33410 USA -33410 ŲSA. Fee Required 7. Name and Address of Current Registered Agent Ross, Jeremy P DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 220 South Franklin Street City Tampa, Zip Code 33602 FL 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, typed or printed name of registered agent and title if applicable Make Check Payable to Department of State DUE BY SEP 24 MANAGING MEMBERS/MANAGERS TITLE NAME NAME STREET ADDRESS STREET ADDRESS 2667 Marselles Drive CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens, FL 33410 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAMÉ : NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP NAME NAMÉ Ì STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP\*

11. I hereby certify that the information supplied with this fing 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 expecute his report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

K9 22

× 175,40