

FILED  
Aug 21, 2003 8:00 am  
Secretary of State

7/22

07-22-2003 90038 003 \*\*\*\*\*50.00

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

DOCUMENT # L02000007674

1. Entity Name

B & C WEST SIDE DEVELOPMENT, LLC



Principal Place of Business

701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33137

Mailing Address

701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0706937

Applied For  
Not Applicable

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME                      | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------------|----------------|-------------|---------------------------------|
|       | Managing Member           |                |             |                                 |
|       | Mark A. Conner            |                |             |                                 |
|       | 825 Fairways Ct., Ste 300 |                |             |                                 |
|       | Stockbridge, GA 30281     |                |             |                                 |
|       |                           |                |             |                                 |
|       |                           |                |             |                                 |
|       |                           |                |             |                                 |
|       |                           |                |             |                                 |
|       |                           |                |             |                                 |
|       |                           |                |             |                                 |

10. ADDITIONS/CHANGES

| 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:

**SIGNATURE REQUIRED**

MARK A. CONNER

MANAGING MEMBER

7/21/2003

770-506-1111

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

Date

Daytime Phone #

CR2E083 (4/03)

Attachment

55054642

#102000007674

7/30/03

Attachment

As per our conversation, enclosed please find the copy of the UBR with the FEI number and also SECTION 9 with the titles. Please call me if you have any questions.

Thanks for your help.

Amy

#

L02000007674

For your information...

**AMY A. KIMMEL-BARRAQUE**  
Senior Administrative Assistant

**HOLLAND & KNIGHT LLP**

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