

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

07-25-2003 90066 023 ****50.00

DOCUMENT # L02000010107

1. Entity Name

WS 601 PSLB, L.C.



Principal Place of Business Mailing Address
1025 S.W. MARTIN DOWNS BLVD. 1025 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990 PALM CITY FL 34990

55053682

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 73-1640767 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHACHTER, MICHAEL
1025 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990

7. Name and Address of New Registered Agent
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 x [Signature]

(NOTE: Registered Agent signature required when reinstating)

x 7/22/03

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

9. MANAGING MEMBERS/MANAGERS
TITLE PRESIDENT
NAME Michael Schachter
STREET ADDRESS 1025 S.W. MARTIN DOWNS BLVD.
CITY-ST-ZIP PALM CITY FL 34990
Delete
Delete
Delete
Delete
Delete

10. ADDITIONS/CHANGES
Change Addition
Change Addition
Change Addition
Change Addition
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: x [Signature]

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

x 7/22/03

Date Daytime Phone #

CR2E083 (4/03)