

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-22-2003 90086 033 ****50.00

DOCUMENT # L02000010720

1. Entity Name
WEST BAY MHP, L.L.C.



Principal Place of Business
**12714 139TH ST.
LARGO FL 33774**

Mailing Address
**12714 139TH ST.
LARGO FL 33774**

55006389



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**1610 West Bay Drive
Suite, Apt. #, etc.
#81**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Largo FL Dinehas
Zip
33770 Country
Dinehas

City & State

Zip

Country

4. FEI Number **01-0681502**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAWFORD, JOHN O
12714 139TH ST.
LARGO FL 33774**

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 _____
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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CRAWFORD, JOHN O
12714 139TH ST.
LARGO FL 33774** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CRAWFORD, MAXINE R
12714 139TH ST.
LARGO FL 33774** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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

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

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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:

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

Date

Daytime Phone #

Maxine R. Crawford, mgr.
SIGNATURE REQUIRED

1-14-3

727 595-2400

MAXINE R. CRAWFORD, mgr

CR2E083 (10/02)