

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90006 017 ****50.00

DOCUMENT # L02000011695

1. Entity Name

WYNDHAM PROPERTIES, L.L.C.



Principal Place of Business

**7920 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33410**

Mailing Address

**7920 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8309 STEEPLECHASE DRIVE

Suite, Apt. #, etc.

8309 STEEPLECHASE DRIVE

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

U.S.A.

Zip

33418

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

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

**SHOFSTALL, WILLIAM G JR
828 SQUIRE DRIVE
WEST PALM BEACH FL 33414**

Name

GUY W. WYATT

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

8309 STEEPLECHASE DRIVE

City

PALM BEACH GARDENS

FL

Zip Code

33418

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 **GUY W WYATT PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

2-27-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MEM
GUY W. WYATT
8309 STEEPLECHASE DRIVE
PALM BEACH GARDENS FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**MEM
HILARY A. WYATT
8309 STEEPLECHASE DRIVE
PALM BEACH GARDENS FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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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 REQUIRED

2-27-03

561-942-3261

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

Date

Daytime Phone #

CR2E083 (10/02)