2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 25, 2003 8:00 am Secretary of State

DOCU 1. Entity Nam MP & WC		00014480			04-30-2003 90180 02	?6 ****5	50.00 -	
Principal Place of Business 3975 BERUN DRIVE SARASOTA FL 34233		Mailing Address 3975 BERLIN DRIVE SARASOTA FL 34233	3975 BERLIN DRIVE		44004999			
2. Principal P	Place of Business	3. Mailing Address	<u>-</u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING O	HANGES		
City & State		City & State	City & State		4. FEI Number 13 - 4203 765	Applied For Not Applicable		-
Zip	Country	Zip	Country		5. Certificate of Status Desired S5.00 Additional Fee Required			7
	6. Name and Address of Cu	irrent Registered Agent			7. Name and Address of New Registered Ag	ent]
RAN	S, E. ZACHARY		Name			·		
46 N	L Washington BLVD., #1 Asota FL 34238		Street Address		P.O. Box Number is Not Acceptable)]
ļ						_		}
l			City		FL	Zip Code		7
	named entity submits this statem ions of registered agent.	nent for the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida. I am fan	niller with, a	and accept	1
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if applicable. (NOT)	E: Registered Agent sign	atura recuireci	when ministating) DATE			ļ
<u></u>			OW!!! FEE IS					1
		Make Check Payab		partmer	nt of State			
9.	MANAGING M	EMBERS/MANAGERS	10.		ADDITIONS/CHANGES			1
TITLE		Delete	TITLE	/M-de-	- /// //	Change	Addition	18
NAME STREET ADDRESS			NAME STREET ADDRESS	PA	5 Town Cartin PKMy			15
CITY-ST-ZIP			CITY-ST-ZIP		donton, FL, 34202			18
TITLE		☐ Delete	TITLE	A00-0-00	MUR I	Channe	Addition	₩
NAME			NAME	West	CONT Real Estate Manageme	at Can	F, EAC.	١
STREET ADDRESS City-St-Zip			STREET ADDRESS City-St-Zip		wota, Flon. Sa. 34233			1
TITLE		☐ Delete	TITLE	3		Change	Addition	┥
NAME		Las Deletto	NAME	l	: -) orango	(ł
STREET ADDRESS			STREET ADDRESS					-
CITY-ST-ZIP			= CITY-ST-ZIP	_		1	-	4
NAME	·	C Delete	TITLE NAME	}	i L] Change	☐ Addition	l
STREET ADDRESS CITY-ST-2IP			STREET ADDRESS CITY-ST-ZIP		1	٠,.		
TITLE		☐ Delete	TITLE			Change	Addition	ľ
NAME STREET ADDRESS			NAME		:			1
CITY-ST-ZIP			CITY-ST-ZIP		*			1
TITLE	<u> </u>	☐ Delete	TITLE	 		Change	Addition	
NAME			NAME		_		_	İ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	1.				
11. I hereby co	on this report is true and accurate	e and that my sionature shall have t	he same legal effe	ict as if ma	tion 119.07(3)(i), Florida Statutes. I further certify ide under oath; that I am a managing member or	that the info	ormation of the	
зан редини	company or the receiver or the	rustee empowered to execute this r	eport as required	oy Chapte مریک	r 608, Florida Statutes.			1
SIGNATI	URE: SIGNATURE OR PRINTED N	ME OF SIGNING MANAGING MEMBER, MAN	CHAMB EA	REPRESENT	President 4/28/03 (941) 92 PATIVE Date Degree	6 - 88	71_	