

2003-2004 **LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L02000016547**

1. Entity Name

**SOUTHWEST ORLANDO ASSOCIATES
2003-2004**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 11 AM 11:15

W06/11/04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 2663

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2663

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

4. FEI Number

59-3718926

Applied For

Not Applicable

Zip

34786

Country

ORANGE

Zip

34786

Country

ORANGE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HOSSEIN ALAIE

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

7319 SEAMANS BLUFF

City

ORLANDO

FL

Zip Code

32835

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

Hossein Alaie

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

June 8-2004

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

06/17/04--01005--001 **50.00
100038024191
06/17/04--01005--001 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MGRM
HOSSEIN ALAIE
P.O. Box 2663 WINDERMERE, FL
34786**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

503117900498

04/21/03 90107 008 50.00

TITLE

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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:

Hossein Alaie

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

Date

June 8-2004/407-445-1275

Daytime Phone #

CR2E083B (12/02)