

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

L02000032354

1. Entity Name

W/B WATERBRIDGE DOWNS GP, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2665 S. Bayshore Drive

3. Mailing Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite 1002

Suite, Apt. #, etc.

Suite 1002

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

57-1145297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stearns Weaver Miller Weissler, et al

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

c/o Richard E. Schatz

150 West Flagler Street, Suite 2200

City

Miami

FL

Zip Code

33130

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IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME Weiser, Warren
STREET ADDRESS 2665 S. Bayshore Drive, Ste. 1002
CITY-ST-ZIP Miami, Florida 33133

TITLE MGRM
NAME Brooks, Carol
STREET ADDRESS 2665 S. Bayshore Drive, Ste. 1002
CITY-ST-ZIP Miami, Florida 33133

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IN THIS SPACE**

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

WARREN P. WEISER

4/28/03 (305)854-7342

Date

Daytime Phone #

CR2E083B (12/02)