LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

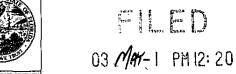
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DOCUMENT # L02000034665

1. Entity Name



W/B ORLANDO OFFICE 1 GP, LLC



GEGRETARY OF STAIL TALLAHASSEE, FLORIDA

(305)852-7342

2. Principal Place of Business		3. Mailing Address								
2665 S. Bayshore Drive		Suite, Apt. #, etc.	2665 S. Bayshore Drive			DO NOT WEITS IN THIS CRACE				
Suite, Apt. #. etc. Suite 1002		Suite 1002				DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			20/		Applied	For	
<u>Miami, FL</u>			Miami, FL			<u>-37635</u>			olicable	
Zip 33133	Country USA	Zip 33133	USA	•	5. Certificate of	Status Desired		5.00 Addition ee Required	al	
00200	JUDA		7. Name and Address of Current Registered Agent							
Name								al.		
DO NOT WRITE Stearns Weaver Miller Weissler, et al. Street Address (P.O. Box Number is Not Acceptable) c/o Richard E. Schatz										
	IN THIS	SPACE		C/O KICHAI						
	mentana na pang Panghan a salah sebagai Pangan agaman pang pangkanan agaman				Flagler Street, Suite 2200					
		City Miami			•	FL	Zip Code 33130			
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									ccept	
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										
9. MANAGING MEMBERS/MANAGERS										
TITLE MGR		ENDEROYINATORGETO	THI	F					$\exists \exists \widehat{\mathbf{g}}$	
	Weiser, Warren			ME .	ro.	<u> </u>	277:	37	(12/02)	
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Miami, FL 33133			CIT	/-ST+ZIP					CR2E083B	
TITLE MGRM	[e		TITL	*					\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
NAME STREET ADDRESS Brooks, Carol			NAN Str	ar Eet address					0	
CITY-SI-7/P 2665 S. Bayshore Drive, Ste 2200				ITY-ST-ZIP						
TITLE MIA	mi, FL 33133	· ·	a TITL	E						
NAME			NAA	i .						
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TITLE			tinu		CHARAGE CHARACTER					
NAME			NAN							
STREET ADDRESS			STR	CET ADDRESS						
CITY-ST-ZIP			CITY	-SI-ZIP						
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.										