

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

DOCUMENT # L02000034665

1. Entity Name

W/B ORLANDO OFFICE 1 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

Suite, Apt. #, etc.
Suite 1002

City & State

Miami, FL

Zip
33133

Country
USA

3. Mailing Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.
Suite 1002

City & State

Miami, FL

Zip
33133

Country
USA

4. FEI Number

59-3763556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

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

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
NAME
MGRM
Weiser, Warren
STREET ADDRESS
2665 S. Bayshore Drive, Ste 2200
CITY-ST-ZIP
Miami, FL 33133

TITLE
NAME
MGRM
Brooks, Carol
STREET ADDRESS
2665 S. Bayshore Drive, Ste 2200
CITY-ST-ZIP
Miami, FL 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:

WARREN P. WEISER

4/28/03 (305)852-7342

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

Date

Daytime Phone #

CR2E083B (12/02)