

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006171 AF

**DOCUMENT #** L95000000975

**1. Entity Name**  
EXTON PLAZA GP, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 2:46

<b>Principal Place of Business</b> 293 WYCHMERE TERRACE WEST PALM BEACH FL 33414	<b>Mailing Address</b> 293 WYCHMERE TERRACE WEST PALM BEACH FL 33414-4036
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<b>2. Principal Place of Business</b> 8531 SE Bristol Way Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8531 SE Bristol Way Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Jupiter, FL	<b>City &amp; State</b> Jupiter, FL	<b>4. FEI Number</b> 65-0675624	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b> 33458	<b>Country</b> USA	<b>Zip</b> 33458	<b>Country</b> USA

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WHYMAN, ROGER  
293 WYCHMERE TERRACE  
WEST PALM BEACH FL 33414

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
8531 SE Bristol Way  
City Jupiter FL Zip Code 33458

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

BLT

9. MANAGING MEMBERS/MEMBERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHYMAN, ROGER 293 WYCHMERE TERRACE WEST PALM BEACH FL 33414 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOTTERON, JOSEPH A 293 WYCHMERE TERRACE WEST-PALM-BEACH FL 33414 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8531 SE Bristol Way Jupiter, FL 33458
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8531 SE Bristol Way Jupiter, FL 33458
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003148734-7 -02/28/00--01012--024 *****50.00 *****50.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 REQUIRED (Roger A. Whyman) 2/8/00 (561) 748-6553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)