

# 2000 UNIFORM BUSINESS REPORT (UBR)

1 0011780 AF

DOCUMENT # L96000000029

1. Entity Name  
WESTWINDS APARTMENTS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:56

Principal Place of Business  
600 71ST AVENUE  
ST. PETERSBURG BEACH FL 33706

Mailing Address  
P.O. BOX 66713  
ST. PETERSBURG BEACH FL 33736-6713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OAKLEY, PETER  
2520 EAST VINA DEL MAR  
ST. PETERSBURG BEACH FL 33706

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SHOLTY, SCOTT A 7301 NORTH MERIDIAN INDIANAPOLIS IN 46260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ROSENFELD, LANA M 12041 MARTHA ANN DR LOS ALAMITOS CA 90720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHOLTY, MICHAEL V 1803 SOUTH PARK AVE #743 ALEXANDRIA IN 46001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

22 Feb 2000 765-724-3618

Date Daytime Phone #

CR2E083 (9/99)