

2001 UNIFORM BUSINESS REPORT (UBR)

0028289 AF

DOCUMENT # L96000000029

1. Entity Name

WESTWINDS APARTMENTS, L.L.C.

FILED

01 FEB 20 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

600 71ST AVENUE
ST. PETERSBURG BEACH FL 33706

Mailing Address

P.O. BOX 66713
ST. PETERSBURG BEACH FL 33736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 Peter Oakley
Signature, typed or printed name of registered agent (and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

1/13/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEM SHOLTY, SCOTT A ☐ Delete
STREET ADDRESS 7301 NORTH MERIDIAN
CITY-ST-ZIP INDIANAPOLIS IN 46260

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 2000003768902--1

TITLE NAME MEM ROSENFELD, LANA M ☐ Delete
STREET ADDRESS 12041 MARTHA ANN DR
CITY-ST-ZIP LOS ALAMITOS CA 90720

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP -02/26/01--000000000000
*****50.00 *****50.00

TITLE NAME MGR SHOLTY, MICHAEL V ☐ Delete
STREET ADDRESS 1803 SOUTH PARK AVE #743
CITY-ST-ZIP ALEXANDRIA IN 46001

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-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.

SIGNATURE: Michael V. Sholty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

17 Feb 2001
Date

765-724-3618
Daytime Phone #

CR2E083 (11/00)