

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 PM 1:34

DOCUMENT # L96000000029

1. Entity Name

WESTWINDS APARTMENTS, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 71ST AVENUE

3. Mailing Address

P.O. BOX 66964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG BEACH, FL

City & State

ST. PETE BEACH, FL

4. FEI Number

N/AE Not Applicable

Applied For

☒ Not Applicable

Zip
33706

Country

Zip
33736-6964

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **MICHAEL V. SHOLTY**

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

804 JAMESTOWN DRIVE APT B

City **WINTER PARK**

FL

Zip Code
32792

**DO NOT WRITE
IN THIS SPACE**

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

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

Michael V. Sholty

18 December 2003
DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
SHOLTY, SCOTT A.
7301 N MERIDIAN, INDIANAPOLIS, IN 46260

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100025869971
12/31/03--01012--019 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
**ROSENFELD, LANA M. 12041 MARTHA ANN
DR., LOS ALAMITOS, CA 90720**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100025869971
01/22/04--01072--010 **155.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
**SHOLTY, MICHAEL V., 804 JAMESTOWN
DR. APT-B, WINTER PARK, FL-32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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REINSTATEMENT *03 04 05
dec*

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 606, Florida Statutes.

SIGNATURE:

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

Michael V. Sholty

Date

Daytime Phone #

**407 679
0399**

CR2E083B (12/02)