DOCUMENT # L9800000188  1. Entity Name W C HUFF VENTURES, L.C.						FILED			
Principal Place of Business 1304 SUMMER PLACE NAPLES FL 34109		Mailing Address 1304 SUMMER PLACE NAPLES FL 34109-1538				OO APR 12 AM II: 53  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	θ	City & State	City & State			4. FEI Number Applied For Not Applicable			
Zip Country		Zip	Zip Coun		5. Certificate of Status Desired 55.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Registere	d Agent		
HILLS, ROBERT B					ss (P.O. Box Number is Not Acceptable)				
1304 SUMMER PLACE NAPLES FL 34109									
				City	FL Zip Code				
8. The above	named Intit submite this statement with the statement of	5 Mgn.		_	_	3/20/6	90		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State									
9.	MANAGING MEMB		10.	_		ADDITIONS/CHANG	·	- Addition (	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLS, ROBERT B 1304 SUMMER PLACE NAPLES FL 34109	i Delata		_		800003224 -04/26/00 *****50.00	010180	13	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delote					☐ Change	Addition 6	
TITLE		Gelete					Change	Addition	
TITLE NAME STREET ADDRESS COTY-ST-ZIP		Detetu					Change	Addition	
TITLE HAME A STREET ADDRESS CITY-8T-ZIP	· · · .	□ Delate			·		☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition .	
indicated limited lial	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have	the same	e legal effect as i	f made unde	or oath; that I am a managing men prida Statutes.		r of the	
SIGNAT		INTED NAME OF SIGNING MANAGING	MEMBER C	OR MANAGER		71-0 00 191	Daytime Phone #	-	