

2001 UNIFORM BUSINESS REPORT (UBR)

0020960 AF

DOCUMENT # L98000000188

1. Entity Name
W C HUFF VENTURES, L.C.

Principal Place of Business
**1304 SUMMER PLACE
NAPLES FL 34109**

Mailing Address
**1304 SUMMER PLACE
NAPLES FL 34109**

2. Principal Place of Business
71 COMMERCIAL BLDG
Suite, Apt. #, etc.

3. Mailing Address
71 COMMERCIAL BLDG
Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
65-0814611

Applied For
 Not Applicable

Zip
34104 Country
COLLIER

Zip
34104 Country
COLLIER

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

6. Name and Address of Current Registered Agent

**HILLS, ROBERT B
1304 SUMMER PLACE
NAPLES FL 34109**

7. Name and Address of New Registered Agent

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 _____ DATE _____
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 MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MGRM HILLS, ROBERT B		NAME	
STREET ADDRESS 1304 SUMMER PLACE		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34109		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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*******50.00 *****50.00**

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: Robert B Hills, Managing Member Date: 3/8/01 Daytime Phone #: 941-263-8081

CR2E083 (11/00)

FILED
01 MAR 15 AM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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