

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90023 025 ****50.00

0038321

DOCUMENT # L98000000188

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



Principal Place of Business

~~71 COMMERCIAL BLVD~~
NAPLES FL 34104

Mailing Address

~~71 COMMERCIAL BLVD~~
NAPLES FL 34104

2. Principal Place of Business

4227 PROGRESS AVE

Suite, Apt. #, etc.

3. Mailing Address

4227 PROGRESS AVE

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
NAPLES FL

FL

City & State

NAPLES FL

4. FEI Number 65-0814611

Applied For
 Not Applicable

Zip
34104

Country
US

Zip
34104

Country
US

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)
10941 SALERNO BAY RD.
City BONITA SPRINGS FL Zip Code 34135

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

(NOTE: Registered Agent signature required when reinstating)

1-20-03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	HILLS, ROBERT B	1304 SUMMER PLACE	NAPLES FL 34109	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10941 SALERNO BAY RD	BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 / ROBERT B. HILLS, MGR.

1-20-03 (239) 263-8081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CF2E083 (10/02)