

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90566 026 \*\*\*\*50.00

0025680

**DOCUMENT # L98000001081**

1. Entity Name  
**WESTON CAPITAL ASSETS, L.C.**



Principal Place of Business  
**C/O LAW OFFICES OF IRA C. HATCH  
1701 HWY A1A - SUITE 220  
VERO BEACH FL 32963**

Mailing Address  
**PO BOX 267068  
WESTON FL 33326**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**RIOS, ORALIA  
1015 THISTLE CREEK COURT  
WESTON FL 33327**

7. Name and Address of New Registered Agent  
Name **IRA C. HATCH**  
Street Address (P.O. Box Number is Not Acceptable) **1701 HWY A1A, Suite 220**  
City **VERO BEACH** FL **32963**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4.27.2003**

**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	<b>MGRM</b> <input type="checkbox"/> Delete <b>EL GRUPO DE LOS NUMERO UNO IRREVOCABLE TRU</b> <del>983 NORTH NOB HILL ROAD</del> <b>PLANTATION FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>EL GRUPO DE LOS NUMERO DOS IRREVOCABLE TRU</b> <del>983 NORTH NOB HILL ROAD</del> <b>PLANTATION FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>EL GRUPO DE LOS NUMERO TRES IRREVOCABLE TR</b> <del>983 NORTH NOB HILL ROAD</del> <b>PLANTATION FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>EL GRUPO DE LOS NUMERO QUATRO IRREVOCABLE</b> <del>983 NORTH NOB HILL ROAD</del> <b>PLANTATION FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 HWY A1A, Suite 220</b> <b>VERO BEACH, FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 HWY A1A, Suite 220</b> <b>VERO BEACH, FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 HWY A1A, Suite 220</b> <b>VERO BEACH, FL 32963</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* SIGNATURE REQUIRED DATE **4.27.2003** 972-234-4444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #

CR2E083 (10/02)