

# 2001 UNIFORM BUSINESS REPORT (UBR)

0027441 AF

DOCUMENT # L98000001617

1. Entity Name  
MANATEE RW PROPERTIES, L.L.C.

FILED

01 APR 23 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
100 SAWMILL ROAD, SUITE 200  
RALEIGH NC 27625

Mailing Address  
100 SAWMILL ROAD, SUITE 200  
RALEIGH NC 27625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
8816 Six Forks Road  
Suite, Apt. #, etc.  
Suite # 201  
City & State  
Raleigh, NC 27615

3. Mailing Address  
8816 Six Forks Road  
Suite, Apt. #, etc.  
Suite # 201  
City & State  
Raleigh, NC 27615

4. FEI Number  
56-2101476

Applied For  
Not Applicable

Zip  
27615

Country  
US

Zip  
27615

Country  
US

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

FELDMAN, DONNA J ESQUIRE  
TEW ZINOBER BARNER ZIMMET & UNICE  
2655 MCCORMICK DRIVE  
CLEARWATER FL 33759

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000004163126--2  
-05/08/01--01120--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WERB, STANLEY 100 SAWMILL ROAD, SUITE 200 RALEIGH NC 27625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8816 Six Forks Road, Suite 201 Raleigh, NC 27615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Stanley Werb

4/18/01

919-846-4046

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

Date

Daytime Phone #

CR2E083 (11/00)