

# 2000 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:45

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DOCUMENT # L99000000211

1. Entity Name  
ZEPHYR DEVELOPMENT ENTERPRISES, L.L.C.

Principal Place of Business  
126 SOUTHSORE DRIVE #34  
DESTIN FL 32541

Mailing Address  
126 SOUTHSORE DRIVE #34  
DESTIN FL 32541-5832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

BROWNING, WILLIAM R  
71 AZURE PLACE  
DESTIN FL 32541

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS SASSANO, MICHAEL A III  
CITY- ST- ZIP 345 SOUTHBEND, APT. 6-M  
NEW YORK NY 10280

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS *hf 2/29/00*  
CITY- ST- ZIP

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS PROTOGERE, MICHAEL P  
CITY- ST- ZIP 4547 LINCOLN ROAD  
INDIANAPOLIS IN 46208

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003155931--2  
CITY- ST- ZIP -03/03/00--01017--014

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 ☐ Change ☐ Addition  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-15-00

CR2E083 (9/99)