2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000211 1. Entity Name



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90566 036 ****50.00

| ZEPHYR (| DEVELOPMENT ENTERPRISES | 6, L.L.C. | | | | | | | | |
|---|--|--|---------------------------------------|---|-------------------|------------------------------------|--------------|-------------|--------------|--|
| 126 SOUTHSHORE DRIVE #34 | | Mailing Address 126 SOUTHSHORE DRIVE #34 DESTIN FL 32541 | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 1 : | CHECK HERE IF I | | | | |
| City & State | | City & State | | | 4. FEI Num | | | | plied For | |
| Zip | Country | Country Zip Cour | | | F Cortifica | ite of Status Desired | \$5 | .00 Add | t'Applicable | |
| | 6. Name and Address of Current R | egistered Agent | , | | | nd Address of New Regi | Fee | Require | <u>d</u> | |
| | | | | Name Name | | | | | | |
| 71 / | OWNING, WILLIAM R AZURE PLACE | | Street A | Street Address (P.O. Box Number is Not Acceptable | | | _ | | | |
| DESTIN FL 32541 | | | | | | | | | | |
| | • | | City | | | | FL | Zip Code | 9 | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its reg | istered office o | r registere | ed agent, or b | ooth, in the State of Florida | a. I am fami | iliar with, | and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register | | | | ture required v | when reinstating) | | DATE | | | |
| | | !!! FEE IS \$ | | | | | · | | | |
| | | o Florida De | partmen | it of State | | | | | | |
| | MANUA CINIC NATINGER | | y May 1, 200 | | | A O DITIONS (OIL | WHOE | | | |
| 9. | MANAGING MEMBER | S/MANAGERS Delete | TITLE | MGR | AA. | ADDITIONS/CH | | Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | SASSANO, MICHAEL A III 345 SOUTHEND, APT. 6-M NEW YORK NY 10280 | | NAME STREET ADDRESS CITY-ST-ZIP | MAS 126 | Ventur South S | es, Inc. hore Drive, # 32550 | 34 | | | |
| TITLE NAME | MGRM PROTOGERE, MICHAEL P | Delete | TITLE NAME | 75.211 | <u> </u> | 32330 | | Charige | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 4547 LINCOLN ROAD INDIANAPOLIS IN 46208 | | STREET ADDRESS CITY-ST-ZIP | | | | | | - | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ! | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | The second secon | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | i | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | Change | Addition | |

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.