2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
01-21-2002 90065 038 ****50.00

DOCUMENT # L99000003494

1. Entity Name
WESTERN/SOUTHERN DEVELOPERS, LLC

Principal Place of Business	Mailing Address
3019 SW 27TH AVENUE, SUITE 102 OCALA FL 34474	P.O. BOX 830220 OCALA FL 34483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1030 SE 17th St.	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl.	City & State:
Zip: 34471 / Country: Marion	Zip: / Country:

4. FEI Number 65-0935726 ☐ Applied For ☐ Not Applicable

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
TROW, CHESTER J 1 NE FIRST AVENUE, SUITE 303 OCALA FL 34470	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBRIGHT, ROBERT C 320 NW THIRD AVENUE OCALA FL 34475	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1030 SE 17th Street Ocala, Fl. 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAUGHLIN, BEN G 3019 SW 27TH AVENUE, SUITE 102 OCALA FL 34474	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 REQUIRED 1-15-02 352-620-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)