

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003961

1. Entity Name
MIROMAR OUTLET PARKING WEST, L.L.C.

FILED

01 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10801 CORKSCREW ROAD, SUITE 199 ESTERO FL 33921	Mailing Address 10801 CORKSCREW ROAD, SUITE 199 ESTERO FL 33921
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 24870 Burnt Pine Drive Suite, Apt. #, etc.
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City & State Bonita Springs, FL	4. FEI Number 52-2190490	Applied For: ☐ Not Applicable
Zip 34134	Country USA	

6. Name and Address of Current Registered Agent

CICCARONE, MICHAEL J ESQ.
12800 UNIVERSITY DRIVE, SUITE 600
ONE UNIVERSITY PARK
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
Mark Geschwendt
Street Address (P.O. Box Number is Not Acceptable)
24870 Burnt Pine Drive
City
Bonita Springs FL Zip Code
34134

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 Mark Geschwendt
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent Signature required when reinstating)

DATE 4-30-01

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIROMAR DEVELOPMENT CORP. 24810 BURNT PINE DR., SUITE 4 BONITA BEACH FL 34134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 24870 Burnt Pine Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004212865-7 -05/11/01 -01126--001 ***1206.25 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: By: Jerry Schmoey, Vice President 4/30/01 (941) 948-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)