

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007538
AF

DOCUMENT # L99000005025

1. Entity Name

XIRR INVESTMENTS PARTNERS, L.L.C.

00 MAY -3 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

101 EAST KENNEDY BLVD. STE 3300
TAMPA FL 33602

Mailing Address

101 EAST KENNEDY BLVD. STE 3300
TAMPA FL 33602-5151



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3592531

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

JUNG, MING G

101 EAST KENNEDY BLVD., STE 3300
TAMPA FL 33602

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
SPURLIN-HOROWITZ, ANGELA
3715 W. SANTIAGO STREET
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SPURLIN-HOROWITZ, ANGELA ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLAUDE, BRUNO
10805 CARROLLWOOD
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003269554--2
-05/30/00--01006--017
*****50.00. *****50.00. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WINFREY, CHRISTOPHER L
3107 ST VINCENT STREET
TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
XENICK, EMANUEL
8303 BOXWOOD DRIVE
TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
POLLOCK JR, GEORGE
4551 OAK RIVER CIRCLE
VALRICO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JUNG, MING G
776 35TH AVENUE N
VALRICO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST. PETERSBURG, FL ☒ 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:

Angela Spurlin-Horowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/2000 (813) 226-8844
Date Daytime Phone #

CR2E083 (9/99)