

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005025

1. Entity Name

XIRR INVESTMENTS PARTNERS, L.L.C.

Principal Place of Business

101 EAST KENNEDY BLVD. STE 3300  
TAMPA FL 33602

Mailing Address

101 EAST KENNEDY BLVD. STE 3300  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JUNG, MING G  
101 EAST KENNEDY BLVD., STE 3300  
TAMPA FL 33602

4. FEI Number

59-3592531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SPURLIN-HORWITZ, ANGELA	
STREET ADDRESS	3715 W. SANTIAGO STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLAUDE, BRUNO	
STREET ADDRESS	10805 CARROLLWOOD	
CITY-ST-ZIP	TAMPA FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WINFREY, CHRISTOPHER L	
STREET ADDRESS	3107 ST VINCENT STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	XENICK, EMANUEL	
STREET ADDRESS	8303 BOXWOOD DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	POLLOCK JR, GEORGE	
STREET ADDRESS	4551 OAK RIVER CIRCLE	
CITY-ST-ZIP	VALRICO FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JUNG, MING G	
STREET ADDRESS	776 35TH AVENUE N	
CITY-ST-ZIP	VALRICO FL	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300004326563---3
CITY-ST-ZIP	-05/29/01--01159--004 *****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

*Angela L. Spurlin-Horwitz*

Angela L. Spurlin-Horwitz

4/19/01 (813) 226-8844

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 MAY -3 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)