

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92171 011 \*\*\*\*50.00

**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

4. FEI Number **59-3592531**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete  
NAME **SPURLIN-HORWITZ, ANGELA**  
STREET ADDRESS **3715 W. SANTIAGO STREET**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition  
NAME **6223 S. Russell St.**  
STREET ADDRESS **Tampa, FL 33611**  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **Zollstrasse 42**  
STREET ADDRESS **Postfach CH-8021 Zurich**  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **197 Boulevard Saint Germain**  
STREET ADDRESS **75007 Paris France**  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **3918 W. Granada St.**  
STREET ADDRESS **Tampa, FL 33629**  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **5815 Sierra Crest**  
STREET ADDRESS **Lithia, FL 33547**  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **643 Addison Drive NE**  
STREET ADDRESS **St. Petersburg, FL 33716**  
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 Horwitz** **SIGNATURE REQUIRED**

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

**4/29/03** **(813) 226-8844**

Date

Daytime Phone #

CR2E083 (10/02)