2000 UNIFORM BUSINESS REPORT (UBR)

חסכווו	MENT# LQQQQ	2006184				
DOCUMENT # L9900006184 1. Entity Name						
7300 INVESTMENTS, L.L.C.				FILED		
				00 APR 10 AM 9: 20		
Principal Place of Business Mailing Address						
5703 S.W. 85TH STREET 5703 S.W. 85TH STREET SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143-8204			04	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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2. Principal Place of Business 3. Mailing Address						
4960 SW 12 AVE 4960 SW 7			U 72 Ave			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			·	DO NOT WRITE II	N THIS SPACE	
City & State Miami, FL City & State Miami, FL			E)	4. FEI Number		plied For t Applicable
Zip Country Zip Count			Country	5. Certificate of Status Desired	5.00 Add	litional
33/55 U.5A 33/55 U. 6. Name and Address of Current Registered Agent			U.SA	7. Name and Address of New Regi	Fee Required	3
Name						
				s (P.O. Box Number is Not Acceptable)	· 	
5703 S.W. 85TH STREET SOUTH MIAMI FL 33143						
			City	············	FL Zip Code	e
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)						
FILE NOW!!! FEE IS \$50.00						
		Make Check Pay	able to Department	of State		
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CH	IANGES	
TITLE NAME	MGR Westway Limited, a florida i	IMITED PARTNER	TITLE	9000032	□ Charge つっぱのマッコー	Addition
STREET ADDRESS	5703 S.W. 85TH STREET		STREET ADDRESS		D010090	02
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CITY-ST-ZIP		n 1 m	CITY-8T-ZIP	0	<u>ace</u>	-formetier
11. I hereby certify that the information supplied with this filling 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 emptives of to execute his report as required by Chapter 608, Florida Statutes.						
SIGNATURE: SIZIRICHE ME Haway Fres - F Mun Mandre 2/1/00 (305)662-142/						
	SIGNATURE AND TYPED OF DELIN	TED NAME OF SIGNING MANAGING N	MBER OR MANAGER	Date *	Daytime Phone #	