2000 UNIFORM BUSINESS REPORT (UBR)

L99000007176 DOCUMENT # 1. Entity Name 00 MAY 30 AM 10: 08 WEST HAMPTON, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 221 TURNER STREET 221 TURNER STREET CLEARWATER FL 33756-5212 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELDMAN, DONNA J ESQ. Street Address (P.O. Box Number is Not Acceptable) 2655 MCCORMICK DRIVE **CLEARWATER FL 33759** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGR Change Addition TITLE ☐ Delete TITLE WEBER, GEOFFREY C NAME MAME 221 TURNER STREET STREET ADDRESS STRFFT ADDRESS **CLEARWATER FL 33756** CITY-ST-ZIP <u>0000032900</u>20--1 CITY-ST-ZIP -06/14/00--01型[**Ctipage** 02型 Addition ☐ Delete TITLE *****50.00 *****50.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 72P CITY-ST-ZIF Change TITLE MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP Addition Change TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZLP TITLE ☐ Delete TITLE Change Addition | MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAMF MAME STREET ADDRESS STREET ADDRESS CITY- ST- 71P CITY-8T-Z(P

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

727-449.1476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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APPRUVED

Daytime Phone #