

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007998

1. Entity Name

WESTLAND ENTERPRISES, L.L.C.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90272 045 \*\*\*\*50.00

Principal Place of Business  
8951 BONITA BEACH RD., STE. 580  
BONITA SPRINGS FL 34135

Mailing Address  
8951 BONITA BEACH RD., STE. 580  
BONITA SPRINGS FL 34135

2. Principal Place of Business  
**12451 METRO PARKWAY**  
Suite, Apt. #, etc.  
**SUITE 101**

3. Mailing Address  
**12451 METRO PARKWAY**  
Suite, Apt. #, etc.  
**SUITE 101**

City & State  
**FORT MYERS, FLORIDA**

City & State  
**FORT MYERS, FLORIDA**

Zip  
**33912-8317**

Country  
**LEE**

Zip  
**33912-8317**

Country  
**LEE**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3612179**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSENBERG, DARRYL G**  
**8951 BONITA BEACH RD., STE. 580**  
**BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12451 METRO PARKWAY**  
**SUITE 101**  
City **FORT MYERS** FL Zip Code **33912-8317**

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 Darryl G. Rosenberg **DARRYL G. ROSENBERG, PRES. APR. 26, 2003**  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROSENBERG, DARRYL G 8951 BONITA BEACH RD., SUITE 580 BONITA SPRINGS FL 34135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROSENBERG, MILTON G 2010 EAST MAIN STREET ALBERT LEA MN 56007</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12451 METRO PARKWAY, SUITE 101 FORT MYERS FL 33912-8317</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Darryl G. Rosenberg **DARRYL G. ROSENBERG 04/26/03 239-768-1200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)