

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90029 023 ****50.00

DOCUMENT # L99000008227

1. Entity Name

W.F. CAPITAL PARTNERS L.L.C.



Principal Place of Business

**313 1/2 WORTH AVENUE SUITE B3
PALM BEACH FL 33480**

Mailing Address

**313 1/2 WORTH AVENUE SUITE B3
PALM BEACH FL 33480**

20023229



2. Principal Place of Business

20 SPOONBILL ROAD

3. Mailing Address

20 SPOONBILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MANALAPAN, FLORIDA

City & State

MANALAPAN, FLORIDA

Zip

Country

33462

U.S.A.

Zip

Country

33462

U.S.A.

4. FEI Number **65-0967847**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WEITZ, ETHAN

**313 1/2 WORTH AVENUE SUITE B3
PALM BEACH FL 33480**

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. 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

TITLE **MGRM** ☒ Delete
NAME **ALTMAN, ROBERT**
STREET ADDRESS **313 1/2 WORTH AVENUE SUITE B3**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **MGRM** ☐ Delete
NAME **WEITZ, ETHAN**
STREET ADDRESS **313 1/2 WORTH AVENUE SUITE B3**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **HOGAN, SANDRA H.**
STREET ADDRESS **20 SPOONBILL ROAD**
CITY-ST-ZIP **MANALAPAN, FLORIDA 33462**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **WEITZ, ETHAN**
STREET ADDRESS **20 SPOONBILL ROAD**
CITY-ST-ZIP **MANALAPAN, FLORIDA 33462**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: X SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)