

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008236

1. Entity Name
WEST PARTNERS, L.C.

FILED

01 JUL -2 AM 8:47

Principal Place of Business
126 E. JEFFERSON STREET
ORLANDO FL 32801

Mailing Address
126 E. JEFFERSON STREET
ORLANDO FL 32801

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
777 Review Dr

3. Mailing Address
SMD AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach FL

City & State

4. FEI Number 59-3613415

Applied For
Not Applicable

Zip 33140 Country USA

Zip Country

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

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORP.
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

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.

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 Department of State

800004475578-5

-07/16/01--01004--004

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME MGRM
STREET ADDRESS GROCOCK, BENNETT J
CITY-ST-ZIP 126 E. JEFFERSON STREET
ORLANDO FL 32801 ☒ Delete

TITLE
NAME MEM
STREET ADDRESS STAUBER, DANIEL
CITY-ST-ZIP 777 ARTHUR GODFREY ROAD, 2ND FLOOR
MIAMI BEACH FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME MEM
STREET ADDRESS DANIEL GROCOCK
CITY-ST-ZIP 777 LAKEVIEW DR
MIAMI BEACH FL 33140 ☒ Change ☐ Addition

TITLE
NAME MEM
STREET ADDRESS DANIEL STAUBER
CITY-ST-ZIP 777 LAKEVIEW DR
MIAMI BEACH FL 33140 ☒ Change ☐ Addition

TITLE
NAME Robert Grover
STREET ADDRESS 777 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/27/01 305-401-1243

CR2E083 (11/00)