

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008599

1. Entity Name

WESTGROUP LAPLAYA, LLC

Principal Place of Business

Mailing Address

9891 GULF SHORE DRIVE  
NAPLES, FL 32301

570 KIRKLAND WAY  
KIRKLAND, WA 98033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2015222

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CSC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	PATRICK COLEE	570 KIRKLAND WAY	KIRKLAND, WA 98033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	MICHAEL BENECKE	570 KIRKLAND WAY	KIRKLAND, WA 98033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	PHIL BROWN	570 KIRKLAND WAY	KIRKLAND, WA 98033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	JOHN DONOGHUE	570 KIRKLAND WAY	KIRKLAND, WA 98033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	PAT DYER	570 KIRKLAND WAY	KIRKLAND, WA 98033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Michael J. Bennett

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

4/26/01

Date

(415) 877-8737

Daytime Phone #

CR2E083 (11/00)