2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008766**

1. Entity Name

WEST CITY LONGWOOD LLC

Principal Place of Business	Mailing Address
1840 NORTH COMMERCE PKWY, STE 3 WESTON FL 33326	1840 NORTH COMMERCE PKWY, STE 3 WESTON FL 33326

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

FILED

01 SEP 14 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

|||||| (barcode) ||||||

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0996041**   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
LEHMAN, E. LANCE 1840 NORTH COMMERCE PKWY, STE 3 WESTON FL 33326	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
Due By September 28, 2001

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE **MGRM** NAME **LEHMAN, E. LANCE** STREET ADDRESS **1840 N. COMMERCE PKWY., STE. 3** CITY-ST-ZIP **WESTON FL 33326**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGRM** NAME **REX, ALBERT G** STREET ADDRESS **1840 NORTH COMMERCE PKWY, STE 3** CITY-ST-ZIP **WESTON FL 33326**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 30000460983--8 -09/25/01--01024--013 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (5/01)

STAPLE CHECK HERE

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_ Manager   9/5/01   954-389-7822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #