## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008829  1. Entity Name					FILED			
MPW, L.I	L.C.				01 MAY -3	PM 1: 1	9	
<del></del>	<del> </del>	<u></u> .		_	SECRETARY TALLAHASSE	' DE STAT	·c	
Principal Plac	ce of Business	Mailing Address			TALLAHASSÉ	E. FLOR	ĎΑ	
7925 SOUTH ORLANDO FL	PARK PLACE 32819	7925 SOUTH PARK PLACE ORLANDO FL 32819			*	· .		
Principal Place of Business 3.		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	ity & State		4. FEI Number 36-4356902 Applied For Not Applicable			
Zip	Country	Zip	Country	5, Certi	ficate of Status Desired	\$5.00 Add Fee Require	ditional d	
	Name	7. Name and Address of New Registered Agent						
Nam								
	WENDELL E UTH PARK PLACE		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	O FL 32819	<b></b>						
	3 12 323 3		City		F	L Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its egistered 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								
		1 1 1	V!!! FEE IS \$50.00 ble to Department		700004335 -05/31/01 *****50.00	-01005	016	
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/CHANGE	S		
TITLE NAME	MGRM SPEARS, WENDELL E	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	7925 SOUTH PARK PLACE ORLANDO FL 32819	,	STREET ADDRESS CITY-ST-ZIP				ĺ	
TITLE	ONLANDO I E SEGIO	Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	<u> </u>	—————————————————————————————————————	TITLE		<u> </u>	☐ Change	Addition	
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CITY-ST-ZIP	<u></u>		CITY-ST-ZIP					
TITLE Name		☐ Delete	TITLE NAME			Change	Addition	
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NAME .			NAME				. [	
STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP					
<ol> <li>I hereby of indicated</li> </ol>	ertify that the information supplied with on this report is true and accurate and	n this filing does not qualify for the I that my signature shall have the	e exemption stated in S same legal effect as if	ection 119.0 made under	07(3)(i), Florida Statutes. I further ce oath; that I am a managing memb	stify that the in per or manage	nformation frof the	