

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

DOCUMENT # **L99000009352**

1. Entity Name

**West Lake Plantation, LC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3339 Stonewood Ct**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**Orlando, FL**

Suite, Apt. #, etc.

City & State

City & State

Zip **32806**

Country

Zip

Country

4. FEI Number

**59-253396**

Applied For

Not Applicable

5. Certificate of Status Desired

**A**

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**100023713004**  
10/13/03 -- 01015 -- 007 \*\*155.00

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Fernando Sikes**

Street Address (P.O. Box Number is Not Acceptable)

**3339 Stonewood Ct**

City

**Orlando, FL**

FL

Zip Code

**32806**

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

DATE

**11-V-03**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Mgr  
Fernando Sikes  
3339 Stonewood Ct.  
Orlando, FL 32806**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Mgr  
Mario Prieto  
735 N. Thornton  
Orlando, FL 32**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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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:

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

Date

Daytime Phone #

**Manego-**

**10-8-03**

CR2E083B (12/02)