2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000001367

1. Entity Name

CENTER WEST PLAZA OF FORT PIERCE, L.L.C.



FILED Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90001 022 ****50.00

					A SEWE TEST					
Principal Plac	ce of Business	3	Mailing Addres	Mailing Address						
	CONGRESS AV		5801 NORTH CO	5801 NORTH CONGRESS AVENUE BOCA RATON FL 33487						
2. Principal F	Place of Busin	ess	3. Mailing Addr	ess						
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te		City & State	City & State			ber 02-0586783		Applied For	
Zip Country		Zip	Zip Country		5. Certifica	e of Status Desired	□ \$5.00 Fee Req	Not Applicable Additional		
	- 6 Name	and Address of Curr	ent Registered Agent			7. Name ar	d Address of New Reg		uitea	
MOI	MBACH, GE				Name			- Harris - H		
500	EAST BROW	ward boulevard Pale fl 33394	STE. 1950	1950		Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip C		
85. The above the obligat	named entity ions of registe	submits this statemer ered agent.	nt for the purpose of ch	anging its register	ed office or register	red agent, or b	oth, in the State of Florid	a. I am familiar w	th, and accept	
SIGNATURE .	Signature, typed o	or printed name of registered e	gent and title if applicable.	(NOTE: Registere	d Agent signature required	d when reinstating)		DATE		
		-		FILE NOW!!! I	FEE IS \$50.00					
			Make Chec	k Payable to Fid Due By Ma	orida Departme ay 1, 2003	nt of State		·		
9.		MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS (CL	IANICEC		
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CITY-ST-ZiP					ST-ZIP				ſ	
11. I hereby co	ertify that the	information supplied v	vith this filing does not d	qualify for the exen	nption stated in Sec	ction 119.07(3)	(i), Florida Statutes. I fun	ther certify that the	information	

e 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 justile empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or t

SIGNATURE:

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