

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90027 006 *****50.00

DOCUMENT # M02000002183

1. Entity Name

HERITAGE GOLF WESTON, LLC



Principal Place of Business

**11988 EL CAMINO REAL, SUITE 300
SAN DIEGO, CA 92130**

Mailing Address

**11988 EL CAMINO REAL, SUITE 300
SAN DIEGO, CA 92130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

12750 High Bluff, 4th Flr

Suite, Apt. #, etc.

12750 High Bluff, 4th Flr

City & State

San Diego, CA

City & State

San Diego, CA

Zip

92130

Country

Zip

92130

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

05-0526940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUSBAND, JAMES A 11988 EL CAMINO REAL, SUITE 300 SAN DIEGO, CA 92130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROSSON, ANDREW 11988 EL CAMINO REAL, SUITE 300 SAN DIEGO, CA 92130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEE, GARY 11988 EL CAMINO REAL, SUITE 300 SAN DIEGO, CA 92130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LITTLE, SCOTT 11988 EL CAMINO REAL, SUITE 300 SAN DIEGO, CA 92130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	12750 High Bluff, 4th Floor San Diego, CA 92130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	12750 High Bluff Dr. 4th Floor San Diego, CA 92130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	12750 High Bluff Dr. 4th Floor San Diego, CA 92130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Angela Newsome, Controller 5/15/03 858-617-6125

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

Date

Daytime Phone #

CR2E083 (10/02)