

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-20-2003 90027 007 *****50.00

DOCUMENT # M02000002542

1. Entity Name
WHCC, 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**

10105413



2. Principal Place of Business
2600 Country Clubway

3. Mailing Address
12750 High Bluff Dr.

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
4th Floor

City & State
Weston, FL

City & State
San Diego, CA

Zip
33332

Country

Zip
92130

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **38-3659374**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERITAGE GOLF WESTON, LLC 11988 EL CAMINO REAL, SUITE 300 SAN DIEGO CA 92130	<input type="checkbox"/> Delete	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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Angela Newsome* **Controller** **5/15/03** **858-117-0125**

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

CR2E083 (10/02)