


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03248900002
9/2/2003-90122-003-\$50.00-\$50.00

FORM 1003

DOCUMENT # M02000003074

1. Entity Name
SEALY TRADEPORT VIII, L.L.C.



FILED
2003 OCT -3 PM 12:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
333 TEXAS STREET, STE. 150
SHREVOEPORT LA 71101

Mailing Address
333 TEXAS STREET, STE. 150
SHREVOEPORT LA 71101

2. Principal Place of Business

Suite, Apt. #, etc.
333 Texas St., Ste 1050

City & State

3. Mailing Address

Suite, Apt. #, etc.
333 Texas St., Ste 1050

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**
32-0076293

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATON SYSTEM
1200 S. PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

\$0.00 **FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE Managing member	<input type="checkbox"/> Delete
NAME MARK P. SEALY	
STREET ADDRESS 333 Texas St., Ste 1050	
CITY-ST-ZIP Shreveport La 71101	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CPRE083 (4/03)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED~~ **RAWAN SEARS** **7/10/03** **318-222-8701**

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