


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
333 Texas St. Ste 1050
City & State

3. Mailing Address
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 | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|---|
| 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)(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~~ **RAJUN SEARS** 7/10/03 318-222-8701

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

CPRE083 (4/03)