

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # M02000003074

1. Entity Name
SEALY TRADEPORT VIII, LLC.



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

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

FILED

2003 OCT -3 PM 12:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

333 TEXAS ST. Ste 1050

Suite, Apt. #, etc.

333 TEXAS ST. Ste 1050

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number APPLIED FOR
32-0046293

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

Signature, typed or printed name of registered agent and title if applicable.

(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* ☐ Delete
NAME *MARK P. SEALY*

STREET ADDRESS *333 TEXAS ST. Ste 1050*
CITY-ST-ZIP *Shreveport La 71101*

TITLE ☐ Delete

NAME ☐ Delete
STREET ADDRESS ☐ Delete
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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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

~~SIGNATURE REQUIRED~~

MARK P. SEALY

7/10/03

313-222-8701

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

Date

Daytime Phone #

CP2E083 (4/03)