

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

01-28-2004 90020 016 ****50.00

DOCUMENT # M03000003518

1. Entity Name
WRI LAGUNA ISLES, LLC



Principal Place of Business
**C/O WEINGARTEN REALTY INVESTORS
2600 CITADEL PLAZA DR., STE. 300
HOUSTON, TX 77008**

Mailing Address
**C/O WEINGARTEN REALTY INVESTORS
2600 CITADEL PLAZA DR., STE. 300
HOUSTON, TX 77008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-LLC CR2E083 (10/03)

4. FEI Number

APPLIED FOR 20-0316517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL ST.
TALLAHASSEE, FL 32303**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEINGARTEN REALTY INVESTORS-M CANDACE DUFO
2600 CITADEL PLAZA DR., STE. 300
HOUSTON, TX 77008**

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joe D. Shafer

1/14/04

713-868-6565

Date

Daytime Phone #



Attachment
34000312

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 29, 2004

WRI LAGUNA ISLES, LLC
C/O WEINGARTEN REALTY INVESTORS
2600 CITADEL PLAZA DR., STE. 300
HOUSTON, TX 77008

Subject: WRI LAGUNA ISLES, LLC

Reference Number: **M03000003518**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RW
ANNUAL REPORTS SECTION