

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000926

1. Entity Name
STARWOOD WASSERMAN FORT MYERS LLC

Principal Place of Business
174 WICKENDEN STREET
PROVIDENCE RI 02903

Mailing Address
174 WICKENDEN STREET
PROVIDENCE RI 02903-4329

2. Principal Place of Business

ONE PARK ROW
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 6187
Suite, Apt. #, etc.

City & State
PROVIDENCE, RI

City & State
PROVIDENCE, RI

4. FEI Number 05-0500444

Applied For
Not Applicable

Zip
02903

Country
USA

Zip
02940

Country
USA

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS STARWOOD WASSERMAN LLC
CITY- ST- ZIP 174 WICKENDEN STREET
PROVIDENCE RI 02903

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)