FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000116157

WEST CREEK COMMONS, INC.

FILED Apr 29, 2002 8:00 am Secretary of State

04-29-2002 90086 027 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 S.E. 2n St.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

2. Mailing Address
300 SE 2nd ST.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

Ft. Lauderdale, Fl.

640172

DO NOT WRITE IN THIS SPACE

DATE

City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 01–0593813		
Zip 33301	Country Broward	Zip 33301	Country Broward	5. Certificate of Status Desired		\$8.75 Additional Fee Required
		•		7 Name and Address of Current	Danietai	rad Anant

DO NOT WRITE IN THIS SPACE

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

	7. Name and Address of C	urrent Registered A	gent	
Name JONES,	PATRICIA			
Street Addre 300 SE	ss (P.O. Box Number is Not Acc 2nd Street	eptable)		
City Fort L	auderdale	FL	युष्ट ५०५६	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the S	itate of Florida.
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

DOCUMENT#

1. Entity Name

SIGNATURE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating)

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

, , , , , , , , , , , , , , , , , , ,	equirement and elects to do so.	Amended UBI Make Check Payable to	R is \$61.25	Trust Fund Contribution. Added to Fees
11. , TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF DP STILES, TERRY W. 300 SE 2nd ST. FT LAUDERDALE, FL 333 VT EAGON, DOUGLAS P. 300 SE 2nd ST FT LAUDERDALE, FL 333	D1 T	ITITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 300 SE 2nd ST FT LAUDERDALE, FL 333	T N S	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, STEPHEN R. 300 SE 2nd ST FT LAUDERDALE, FL 333	N S	TITLE HAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W. 300 SE 2nd ST FT LAUDERDALE, FL 333	N S	TITLE HAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, ROCCO 300 SE 2nd ST FT LAUDERDALE, FL 3330	N S	ITLE IAME STREET ADDRESS EITY-ST-ZIP	

13. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/02

Daytime Phone #

CR2E034B (12/01)

Attachment Doc# POI 000 116157/646172

UNIFORM BUSINESS REPORT

11. CONTINUED

TITLE:

 \mathbf{V}

NAME:

O'SHEA, DENNIS F.

STREET ADDRESS:

300 SE 2nd St.

CITY-ST-ZIP:

Ft. Lauderdale, FL 33301