

2001 UNIFORM BUSINESS REPORT (UBR)

0005166 AF

DOCUMENT # L00000000558

1. Entity Name
WILSON & READ ASSET MANAGEMENT, LLC

FILED

01 MAR 20 AM 11:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

111 EAST FAIRBANKS AVENUE, SUITE 100 111 EAST FAIRBANKS AVENUE, SUITE 100
 WINTER PARK FL 32789 WINTER PARK FL 32789

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **593-61-7041** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

READ, ALEXANDER
 111 EAST FAIRBANKS AVENUE, SUITE 100
 WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS

TITLE <i>mgr</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>General Partner</i> <i>Alexander Read</i> <i>111 E. Fairbanks Ave, Ste 100</i> <i>Winter Park, FL 32789</i>	<input type="checkbox"/> Delete
TITLE <i>mgr</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Darrell Wilson</i> <i>General Partner</i> <i>111 E. Fairbanks Ave, Ste 100</i> <i>Winter Park, FL 32789</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alexander Read* **REQUIRED** *2/27/01* *(407)629-2746*

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

CR2E083 (11/00)