

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90031 003 ****50.00

DOCUMENT # L00000001945
 1. Entity Name
WINGEDFOOT MANAGEMENT, L.L.C.

Principal Place of Business 100 EAST LINTON BLVD., STE. 502A DELRAY BEACH FL 33483	Mailing Address 100 EAST LINTON BLVD., STE. 502A DELRAY BEACH FL 33483
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1801 S. Federal Hwy Suite, Apt. #, etc. Suite #100 City & State Delray Beach Fl Zip 33483 Country USA	3. Mailing Address 1801 S. Federal Hwy Suite, Apt. #, etc. Suite #100 City & State Delray Beach Fl Zip 33483 Country USA
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4. FEI Number 65-0994100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LEE, NANCY
100 EAST LINTON BLVD., STE. 502A
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	1801 S. Federal Hwy
	Ste #100
City	Delray Beach FL
Zip Code	33483

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR - MANAGING MEMBER	<input type="checkbox"/> Delete
NAME IACOBUCCI, EDWARD	
STREET ADDRESS 100 EAST LINTON BLVD., STE. 502A	
CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MANAGING MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1801 S. Federal Hwy Ste 100	
STREET ADDRESS Delray Beach, Fl 33483	
CITY-ST-ZIP	
TITLE CEO, MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NANCY LEE	
STREET ADDRESS 1801 S. FEDERAL HWY STE 100	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **1/23/02 561-278-4848**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)