

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90223 001 ***100.00

DOCUMENT # L00000008451
1. Entity Name LONE WOLF DOCK COMPANY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Shoreline Drive 12815 Shell Beach Rd Thornville, OH 43076		3. Mailing Address 200 S. Orange Avenue Suite, Apt. #, etc. SunTrust Center, Suite 2300 Orlando, FL 32801	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 179-42-0072

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: A.G.C. Co.
Street Address (P.O. Box Number is Not Acceptable): SunTrust Center, Suite 2300
200 S. Orange Avenue
City: Orlando FL Zip Code: 32801

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 _____ DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wolfe, Andrew B. One Shoreline Drive Thornville, OH 43076	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)(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: *Andrew B. Wolfe* 3/27/02 740/467-4404

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

CR2E083B (12/01)