

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012950

1. Entity Name

WILROCK, LLC

Principal Place of Business

Mailing Address

1531-3 PARK MEADOW DRIVE
FORT MYERS FL 33907

1531-3 PARK MEADOW DRIVE
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

13550 Reflection Pkwy

P.O. Box 61566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1-101

City & State
FORT MYERS FL

City & State
FORT MYERS FL

4. FEI Number
65-1049522

Applied For
Not Applicable

33907

Country

Zip
33906

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, SCOTT D
1531-3 PARK MEADOW DRIVE
FORT MYERS FL 33907

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

Scott Willis

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

(NOTE: Registered Agent signature required when reinstating)

7-22-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	WILLIS ALLIANCE, LLC	1531-3 PARK MEADOW DRIVE FORT MYERS FL 33907	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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-07/31/01--01053--011
*****55.00 *****55.00

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:

Scott Willis REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-22-01

Date

Daytime Phone #

FILED
01 JUL 26 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE