2002 UNIFORM BUSINESS REPORT (UBR)

L01000001485 **DOCUMENT #**

WOBBEGONG ENTERPRISES, LLC

02 JUL 11 AM 10: 50 SECRETARY OF STATE LALEAHASSEG. GLUPALOZ 3 Mailing Address Principal Place of Business 309 NE 1ST STREET 309 NE 1ST STREET GAINESVILLE FL 32601 GAINESVILLE FL 32601 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number C City & State Zlo Country Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, STEVE Street Address (P.O. Box Number is Not Acceptable) 309 NE 1ST STREET GAINESVILLE FL 32601 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. .. Change ■ Addition NAME MG TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE BK NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MAME NAME

Due By May 1, 2002

11. I hereby certify that the Information supplied with this yilling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the Information indicated on this report is true and accurate and that my fignature shall have the same legal effect as if made under oath; that 1 am a managing member or manager of the limited liability company or the receiver or trustage employed to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

02 3523747755

(9/01) CR2E083

06-19-2002 90454 027 ****50.00 L01000001485

Applied For

\$5.00 Additional

Zip Code

Fee Required

Not Applicable

FILED