

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000007490**

1. Entity Name  
**WALLACE INVESTMENT GROUP, LLC**

Principal Place of Business  
5780 LAKESIDE DR. #910  
MARGATE, FL 33063

Mailing Address  
5780 LAKESIDE DR. #910  
MARGATE, FL 33063

2. Principal Place of Business  
*3110 Kingswood Terrace*

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
*Boca Raton, Florida*

City & State  
City & State

4. FEI Number  Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WALLACE, STEVEN E  
5780 LAKESIDE DR. #910  
MARGATE, FL 33063

7. Name and Address of New Registered Agent  
Name *Steven Wallace*  
Street Address (P.O. Box Number is Not Acceptable)  
*3110 Kingswood Terrace*  
City *Boca Raton* FL Zip Code *33431*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven E. Wallace* DATE *4/29/03*

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>President Steven Wallace 3110 Kingswood Terrace Boca Raton, FL 33431</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>RU001782532 05/01/03--01064--001</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 509, Florida Statutes.

SIGNATURE: *Steven E. Wallace* DATE: *4/29/03* (56) 20-2686

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

CR 0303 (10/02) UU