

2002 UNIFORM BUSINESS REPORT (UBR)

0001640 AB

4/8/28

DOCUMENT # A01000000932

1. Entity Name

WRE INVESTMENTS II, LLLP

Principal Place of Business

540 RUTILE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address

540 RUTILE DRIVE
PONTE VEDRA BEACH FL 32082

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 27 PM 12:20



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number
59-2720160

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEAY, LYNN E
540 RUTILE DRIVE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$835,055.15

10. Amount of Capital Contributions in FLORIDA to date. 835,055.15

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000067690	STREET ADDRESS	
NAME	EVANS FAMILY INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	540 RUTILE DRIVE	STREET ADDRESS	800007447818--3
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	-08/30/02--01011--017
DOCUMENT #		STREET ADDRESS	****326.25 ****326.25
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 General Partner of the limited partnership or the receiver, or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Lynn E Seay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-20-02 9042852604

Date Daytime Phone #

CR2E003 (4/02)