2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Add McRinesions (Robo LYNN HAVEN FL 32444 2. Principal Place of Business Suite, Apt. #, etc. City & State Cit	DOCUMENT # L0000000200 1. Entity Name WAL, L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
### ADDITIONS (Change of Four Page Addition or registered degree) Addition Addition	Dringinal Dieg	a of Business	Moiling Addross				nn s	EP 25	AM III:	02		
Sude, Apt. e. etc. Suite. Applied For Suite. Deviced Suite. Device of Status. Deviced Suite. Applied For Name PEEL. COLBY HAZS NORTHSHORE-READ LYNN HAXEN R 22444 Suite. Account IV.E. FL. Sec. Code Suite. Applied Suite. Accountable) Suite. Account. IV.E. FL. Sec. Code Suite. Account. IV.E. Suite. Account. IV.E. FL. Sec. Code Suite. Account. IV.E. FL. Sec. Code Suite. Account. IV.E. FL. Sec. Code Suite. Account. IV.E. Suite. Account. IV.E. Suite. Account. IV.E. FL. Sec. Code Suite. Account. IV.E. FL. Sec. Code Suite. Account. IV.E. FL. Sec. Code Suite. Account. IV.E.	4423 NORTHSHORE ROAD 4423 NORTHSHORE ROAD			· ·						of the		
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City a State Ci	2. Principal Place of Business 3. Mailing Address					-†						
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent PEEL, COLBY #125 NORTHSHORE R8AD #13 14 9 1	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
Section Sect	City & State	9	City & State									
PEEL, COLBY 4123 NORTHSHORE RGAD LYNN HAVEN FL 32444 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered digent, or both, in the State of Florida. SIGNATURE City	Zip	Country	Zip	Count	ry			-				
PEEL, COLBY 423 NORTHSHORE-ROAD LSHNH-HAVEN FL-32444 TILE MGR WILLIAMS, GENE B	· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current I	<u>ıl</u> Registered Agent		· · · · · ·	7. Name	and Address	of New Re				
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered digent, or both, in the State of Florida. SIGNATURE Signatur, typed or primed name of ingament agent and site if applicable. (NOTE: Registered Agent agent and site in a special part of the purpose of change in a special part of the purpose of the purpose of change in a special part of the purpose of change in a special part of the purpose of change in a special part of the purpose of change in a special part of the purpose of change in a special part of the purpose of change in a special part of the purpose of change in a special part of the purpose of change in a special part of the purpose of change in a special part of the purp	4423 NORTHSHORE RO AD				Street Address (I	action HVE.						
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Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of impressed apoint and title Signature, typed or printed reame of the printed reame	8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or register	ed agent, or	both, in the S	State of Flori	da.			
B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR WILLIAMS, GENE B WILLIAMS, GENE B AVA23 NORTHSHORE ROAD LYNN HAVEN FL 32444 TITLE MGR LEISZ, JEROME P LEISZ, JEROME P STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MGR LEISZ, JEROME P STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CIT	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)		DATE			
MGR	-									-		
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	9.	MANAGING MEMBE	RS/MANAGERS	10.			AD	DITIONS/C	HANGES			
MGR	NAME STREET ADDRESS	WILLIAMS, GENE B 4423 NORTHSHORE ROAD	☐ Delete	NAME STREE	ET ADDRESS					Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C		 	☐ Dalete					•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS			NAME STREE	ET ADDRESS							
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	Defete this filing does not qualify for	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	ction 119.07	'(3)(i), Florida	Statutes. I f	urther certif	y that the in	formation	