2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000000779 1. Entity Name WELLINGTON, LLC							OI MAY -7 AM 10: 21 SECRETARY OF STATE TALE THASSEE, FLORIDA					
Principal Place of Business % BRUCE P. CHAPNICK, ESQ. 2033 MAIN STREET. SUITE 600 SARASOTA FL 34237			% 200	Mailing Address % BRUCE P. CHAPNICK, ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237				IOLEAN,	ı	~		
2. Principal Place of Business				3. Mailing Address						I OBIAL BRAIL FRRII		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			Ci	ity & State		4.) FEI Number					plied For	
Zip	p Country			Zip Cour		itry 5. Cer		ficate of Status Desired		\$5.00 Add	litional	
6. Name and Address of Current Registered Agent							7. Nam	e and Address of New R	egistered	Agent		
+						е			ì			
CHAPNICK, BRUCE P ESQ. 2033 MAIN STREET, SUITE 600					Stree	Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL 34237							•		1			
					City	City				FL Zip Code		
8. The above	e named entity	y submits this statement t	for the pu	rpose of changing its r	egistered office	or registe	red agent,	or both, in the State of Flo	rida.			
SIGNATURE	Signature, typed	or printed name of registered agen	t and title if a	applicable. (NOTE:	Registered Agent si	gnature require	d when reinstat	ing)	DATE			
FILE NOW!					W!!! FEE !	\$ \$50.00		7000043 -06/05/	3 4 1 ′01(617- 310410	4 186 ,	
				-Make Check Pay	able to Dep	artment o	of State	*****	i0[.00]	*****5		
9. MANAGING MEMBERS / MEMBERS								ADDITIONS/	CHANGE	S		
TITLE	Member	& Manager		☐ Delete	- TITLE		4		1	Change	☐ Addition	
NAME		E. Herget,	Jr.		NAME							
STREET ADDRESS CITY-ST-ZIP	k perre	more Road			STREET ADDRE	55						
TITLE	Baltimo	ore, MD 21218		☐ Delete	TITLE	1.				☐ Change	Addition	
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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 SIGNATURE AND TYPED OR PRINTED NAME ARING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/2 Vos 4(0539-8300)
Date Daytime Phone #

APPROVE -- AND