

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000001555**1. Entity Name  
WBM HOLDINGS, LLC

Principal Place of Business 2930 SANDY BRANCH LANE  JACKSONVILLE FL 32257	Mailing Address 2930 SANDY BRANCH LANE  JACKSONVILLE FL 32257
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2. Principal Place of Business 4056 SOUTH THIRD STREET Suite, Apt. #, etc.	3. Mailing Address 4056 SOUTH THIRD STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE BEACH FL	City & State JACKSONVILLE BEACH FL	4. FEI Number <b>59-3624744</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32250	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MABM CORPORATE SERVICES, INC. ATTN: JAMES A. NOLAN ONE INDEPENDENT DRIVE, SUITE 3000 JACKSONVILLE FL 32202 US	7. Name and Address of New Registered Agent Name RAX CO. Street Address (P.O. Box Number is Not Acceptable) ATTN: JAMES A. NOLAN 50 NORTH LAURA STREET, SUITE 3300 City JACKSONVILLE FL Zip Code 32202
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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 **JAMES A. NOLAN** 08/23/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOTIZ ARTHUR C 2415 COSTA VERDE BLVD. #209 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY DANIEL RJR 1050 RIVERSIDE AVE JACKSONVILLE FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUM FRED M 2930 SANDY BRANCH LN JACKSONVILLE FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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 608, Florida Statutes.

SIGNATURE: **FRED M. BLUM** MGRM 08/23/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)