

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000004016**1. Entity Name  
WFF, L.L.C.

Principal Place of Business 123 GWTN DRIVE  PANAMA CITY BEACH FL 32408	Mailing Address 123 GWTN DRIVE  PANAMA CITY BEACH FL 32408
---	---

2. Principal Place of Business POST OFFICE BOX 27729 Suite, Apt. #, etc.	3. Mailing Address POST OFFICE BOX 27729 Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State PANAMA CITY BEACH FL	City & State PANAMA CITY BEACH FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32411	Country	Zip 32411	Country
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent  FREER WILLIAM F 123 GWTN DRIVE  PANAMA CITY BEACH FL 32408	7. Name and Address of New Registered Agent Name FREER TRUDIE G Street Address (P.O. Box Number is Not Acceptable) POST OFFICE BOX 27729  City PANAMA CITY BEACH FL Zip Code 32411
--	--

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 **TRUDIE G. FREER** **04/09/2001**  
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	MGR FREER WILLIAM F 123 GWTN DRIVE PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREER TRUDIE G POST OFFICE BOX 27729 PANAMA CITY BEACH FL 32411 <input checked="" 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
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: **TRUDIE G. FREER** MGR **04/09/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)