2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000004905

1. Entity Name

WELLMAN PROPERTIES, L.L.C.



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90092 020 ****50.00

MAIRO ASSAME R. D. SANNE BLOSSOM TR NOSMMER F. 1. 94766 2. Principal Place of Business Sulte, Apr. 4. etc. Sulte, Apr. 4. etc. Sulte, Apr. 4. etc. Sulte, Apr. 4. etc. City & State Size Andrease of New Registered Agent IEFKOWITZ, NAM M. 430 NORTH MILLS AVENUE ON AND FI 28203 City FL Zip Code 8. The shore named entry, exprise its statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am femiliar with, and accept the oboligations or registered agent. SIGNATURE By many, hand or mand rame or registered agent with a removal programment of the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the oboligations or registered agent. SIGNATURE By many, hand or mand rame or registered agent with a removal programment of State Obus States and State											
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City & State Country Zip Country Zip Country Zip Country Zip Country Signature Signature	2. Principal P	lace of Business	3. Mailing Address								
The Above name and Address of Current Registered Agent T. Nume and Address of New Registered Agent T. Nume a	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
EXP Country Zip Country 5. Certificate of Status Desired S.5.00 Auditional Fee Required	City & Stat	9	City & State			4. FEI Nu	mber 59-36432 4	17			
LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO FL 32803 City City FL Zip Code City FL Zip City Change Addition Note Singer	Zip	Country	Zip Country			5. Certific	5 Cortificate of Status Degical St.00 Additional				
LEFKOWTTZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO FL 32803 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 familier with, and accept the obligations or registered agent. SIGNATURE 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 familier with, and accept the obligations or registered agent. Signature The applicate Agent signature requirement of both, in the State of Florida. I am familier with, and accept the obligation of registered agent. Signature The applicate Agent signature requirement of both, in the State of Florida. I am familier with, and accept the requirement of registered agent. In the state of Florida. I am familier with, and accept the requirement of the properties of the requirement of the properties. Signature The applicate Agent signature requirement of State The application The application		6. Name and Address of Current Re	egistered Agent			7. Name	and Address of New I	Registered A	gent		
ASTRET ADDRESS ONY-ST-2P TITE MARE MARE	, CC	ZOMITZ IVAN M	Name								
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	430 NORTH MILLS AVENUE Street Address (P.O.						nber is Not Acceptable	e)			
SIGNATURE Signature, typed or printed name of registered agent into Engolishable (NOTE: Registered Agent signature required when reinstating) DATE					City	<u></u>		FL	Zip Cod	e	
Pile Now Politic Pol			he purpose of changing its	registere	ed office or reg	gistered agent, or	both, in the State of Fl	orida. I am fa	miliar with,	and accept	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR O'SHAUGHNESSY, ROSEMARIE 4430 S ORANGE BLOSSOM TR KISSIMMEE FL 34746 TITLE Delete TITLE Change Addition SIREET ADDRESS CITY-ST-2IP	SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered	Agent signature re	quired when reinstating	·	DATE			
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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:

MANAGER, OR AUTHORIZED REFRESENTATIVE