Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008298 1. Entity Name WGW PROPERTIES, LLC				FILED	
				01 MAR -5 PM 1:31	
Principal Place of Business Mailing Addr 1502 ROBERTS DRIVE 1502 ROBER JACKSONVILLE BEACH FL 32250 JACKSONVII				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		,			
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For Not Applied For	
Zìp	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
AHERN, FRED L JR. 2215 SOUTH THIRD STREET, SUITE 101 JACKSONVILLE BEACH FL 32250			Name	Name	
			Street Addres	ss (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
SIGNATURE .	Signature, typed or printed name of registered ag		OTE: Registered Agent signature requi		
		'I	NOW!!! FEE IS \$50.0 Payable to Department	l l	
9.		MBERS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALCHLE, BART A 1502 ROBERTS DRIVE JACKSONVILLE BEACH FL 32	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	·	☐ Delete	TITLE	☐ Change ☐ Addition	
name Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	800038879989 -03/20/0101043014 ******50.88 ******50.88	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ntle Tâme Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby of indicated limited lial	certify that the information supplied on this report is true and accurate a bility company or the receiver it true.	with this filing does not qualify and that my signature shall have see expowered to execute the	for the exemption stated in ve the same legal effect as it is report as required by Cha	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.	