

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90086 047 *****50.00

DOCUMENT # L00000009195

1. Entity Name

WOLFBRANCH ASSOCIATES, LLC

Principal Place of Business

**1030 W. INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH FL 32114**

Mailing Address

**1030 W. INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

Suite, Apt. #, etc.
SUITE 201

City & State

Zip

Country

3. Mailing Address

c/o Charles Wayne Properties Inc

Suite, Apt. #, etc.
SUITE 201

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3665771

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOWER, DEVIN
 1030 W. INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM TOWER, DEVIN	1030 W. INTERNATIONAL SPEEDWAY BLVD.	DAYTONA BEACH FL 32114	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED **DEVIN TOWER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JANUARY 22, 2002 (386)238-3600
 Date Daytime Phone #

CR2E083 (9/01)