

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90295 008 ****50.00

DOCUMENT # L01000003867

1. Entity Name

WELLINGTON ACQUISITION I, LLC

Principal Place of Business

**4400 WEST SAMPLE ROAD
 SUITE 200
 COCONUT CREEK FL 33073**

Mailing Address

**4400 WEST SAMPLE ROAD
 SUITE 200
 COCONUT CREEK FL 33073**

2. Principal Place of Business

4500 PGA Boulevard

3. Mailing Address

4500 PGA Boulevard

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-1091700

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33418

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SOMERSTEIN, BARRY E ESQ.
 200 EAST BROWARD BLVD. 15TH FLOOR
 FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **William E. Shannon**

Street Address (P.O. Box Number is Not Acceptable)
4500 PGA Boulevard

Suite 400

Palm Beach Gardens

FL 33418

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 **William E. Shannon as Secretary**

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 **MGR** ☐ Delete
 NAME **CHARLES H. HATHAWAY**
 STREET ADDRESS **4500 PGA BOULEVARD, SUITE 400**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **MGR** ☐ Delete
 NAME **HARMON D. SMITH**
 STREET ADDRESS **4500 PGA BOULEVARD, SUITE 400**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **MGR** ☐ Delete
 NAME **WILLIAM E. SHANNON**
 STREET ADDRESS **4500 PGA BOULEVARD SUITE 400**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **William E. Shannon**

William E. Shannon, 4/19/02 (561) 627-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #