

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR) 2002**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91533 029 \*\*\*\*50.00

**DOCUMENT #** L01000010011  
1. Entity Name  
**WEE-MO-WAY**

867400

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4973 CHASE OAKS DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**SARASOTA, FL 34241**

City & State  
City & State

4. FEI Number  
**65-1114838**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
**PFLUGNER, GEOFFREY**  
Street Address (P.O. Box Number is Not Acceptable)  
**2033 MAIN STREET, SUITE 600**  
City  
**SARASOTA FL 34237**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DIANE SPENCER 4973 CHASE OAKS DRIVE SARASOTA, FL 34241</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DON OLIVER 4973 CHASE OAKS DRIVE SARASOTA, FL 34241</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 60B, Florida Statutes.

**SIGNATURE:** Diane Spencer **5/14/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)