## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000010388

1. Entity Name

WILSHIRE & ASSOCIATES CO. LLC



## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 90686 010 \*\*\*\*50.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				•							
Suite, Apt. #, etc.   City & State	334 EAST LAKE	ROAD #288	334 EAST LAKE ROAD	334 EAST LAKE ROAD #288							
Suite, Apt. #, etc.   City & State   City & State   City & State   City & State   A. FET Number APPLIED FOR   Applied For   Nox Applicable    Zip   Country   S. Certification of States Desired   \$5.00 Additional    Solitation   Share and Address of Current Registered Agent   Share and Address of New Registered Agent    Name and Address of New Registered Agent   Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. N. Name and Address of New Registered Agent    Name DAUL DSON   October N. N. Name and Address of New Registered Agent    Name DAUL DSON   October Number   October Number    Name DAUL DSON   October Number   October Number    Name DAUL DSON   October Num											
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  Status Desired  Status Desired  Status Desired  Status Desired  Status Desired  S. Certificate of Status Desired  Status D	2. Principal Pla	ace of Business	3. Mailing Address	3. Mailing Address			] THE RELIGIES BY LORING LIBERT BOURD CONTROL BOTH AND THE STATE THE PROPERTY OF THE PROPERTY				
Exp   Country   Zip   Country   S. Certificate of Status Desired   S.5.00 Actional   S.5.00 Actional   S.00 Ac	Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  JACOBSON, RICHARD A SSOI E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33802  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 Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  PARTICLE PORTURE  MANAGING MEMBERS / MANAGERS  10.  AMANAGING MEMBERS / MANAGERS  10.  ADDITIONS / CHANGES  SHEET ADDRESS  OUT 5-1-72  TITLE  MANE  SHEET ADDRESS  OUT 5-1-72  THE MANE  SHEET ADDRESS  OUT 5-1-72  CHARGES  SHEET ADDRESS  OUT 5-1-72  CHARGES  OUT 5-1-7	City & State	)	City & State			4. FEI Nur	mber APPLIED F	OR	<u> </u>	·	
S. Name and Address of Current Registered Agent   1. Name and Address of New Registered Agent   Name DAU ID SA	Zip	Country Zip		Country		5. Certifica	ate of Status Desired		5.00 Add	litional	
SITER ADDRESS (P.O. Box Number is Not Accoptable)  Streat Address (P.O. Box Number is Not Accoptable)  I 956 BAYSHORE BLVD.  City DUNE DIN, FL. FL. ZBGGG 698  8. 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 colligations of registered agent.  SIGNATURE    Option		6. Name and Address of Curre	nt Registered Agent		<u> </u>	7. Name a	nd Address of New Re			<del>  </del>	
Street Address (P.O. Box Number is Not Acceptable)  I 956 BAYSHORE BUD.  City DUNE DIN, FC FL ZBOG 698  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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Supretive, typea or priend name of registered agent and two flagoricatis. (NOTE Registered Agent Equation registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  SIRET ADDRESS OFF ST.2P  CARVOLLI, PIORLYIGI  TITLE  MAME SIRET ADDRESS OFF ST.2P  TITLE  TITLE  MAME SIRET ADDRESS OFF ST.2P  TITLE  TITLE	IACC	DECON DICHARD A SE	·		Name			N.	<del></del>		
R. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    The purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE   The purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   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.   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.   The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.   The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.   The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.   The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.   The purpose of Florida agent ag	501 E. KENNEDY BLVD. SUITE 1700										
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 familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and bin if applicable   (NOTE Registered Agent signature required shown reinitations)   DATE	TAMPA FL 33602				1956	BAYSH	DRE BUD.	·····	-		
the obligations of registered agent.  SIGNATURE    Granture, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent strong-law-or redured when rehabitating)   FILE NOW!!! FEE IS \$50.00     Make Check Payable to Florida Department of State     Due By May 1, 2003     9.   MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES     TITLE   NAME   STREET ADDRESS   STRET ADDRESS					City De	MEDIN	FL	FL	Zia Code	698	
Signature, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature reginded when reinidating)   DATE			for the purpose of changing	its registere	ed office or re	gistered agent, or	both, in the State of Flor	ida. I am fa	miliar with,	and accept	
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  TITLE  CARVOLLI, PIORLVIGI  PO BOX 3008  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change  Addition	SIGNATURE _	Signature typed or printed name of redistered app	ent and title if applicable (I	NOTE: Begistere	d Agent signature	required when reinstation)		DATE			
Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME CARVOLLI, PIORLVIGI PO BOX 3008 SUNTERLAND CH6-901  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP		organicos, types or primas mano or registeros age	<del></del>					DALE			
S. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE NAME CARVOLLI, PIORLVIGI PO BOX 3008 CITY-ST-ZIP CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			l I								
MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES			,		-	Timent or otate				, [	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Additio	9.	MANAGING MEM				<del></del>	ADDITIONS/0	CHANGES			
TITLE	TITLE	P	<del></del>	TITLE	· (	,			Change	Addition	
TITLE	1					ARULLA	בן <i>שיברחי</i> כ	7100		i	
TITLE					ET ADDRESS	O BOX	3008 CU Dec Cute	~ ~ 4	1.001		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		SWITERLAND CHO- 901				DONNO 1.	Swilter Chu	B C(+		☐ Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete						□ Change	Audition	
TITLE					-						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP		e a ser service s	- Delete						Change	. Addition_	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP							•		-	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete	TITLE					☐ Change	Addition	
CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME			NAME	Ε					}	
TITLE Delete TITLE CHANGE Addition  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP										- Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			L_I Delete	1			•		Criange	☐ Addition	
	STREET ADDRESS						•				
TITLE Delete TITLE . Change Addition	CITY-ST-ZIP										
	TITLE		☐ Delete	TITLE				-	☐ Change	Addition	
	NAME									{	
	STREET ADDRESS CITY-ST-ZIP										
11. I hereby certify that the information supplied with this filling does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	<u>.</u>	artify that the information cumuland w	ith this filing does not avoid			Lin Section 110.070	(3Vi) Florida Statutas Li	further cort	fu that the in	oformation	

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 his report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAYAGING COBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

127 776 3342

Daytime Phone #