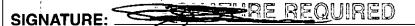
## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## Mar 28, 2003 8:00 am Secretary of State DOCUMENT # L01000016900 1. Entity Name 03-28-2003 90002 022 \*\*\*\*50.00 W.J.: WATERFORD, L.L.C. Principal Place of Business Mailing Address Mailing Address in the state of 2706 REW CIR OCOEE FL 34761 2706 REW CIR . 30040010 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address 10407 ROCKET BLVD 10407 ROCKET BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 59-3746753 City & State City & State 4. FEI Number Applied For ORLANDO, FL, Not Applicable <u>ORLANDO</u> Zip : \$5.00 Additional 5. Certificate of Status Desired CRANGE ORANGE 32824 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCLANE, JOHN L JR 10407 ROCKET BWD, 2706 REW CIR Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL, 32824 Zip Code City 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. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM MGRM Change ☐ Delete TITLE ☐ Addition W.J. ENTERPRISES W.J. ENTERPRISES NAME NAME 10407 ROCKET BLVD: 10407 ROCKET BLVD , . 2706 REW CIR-STREET ADDRESS STREET ADDRESS ORLANDO, FL, 32824 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL, 32824 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE . ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP



CITY-ST-ZIP

FILED