

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90569 043 ****50.00

DOCUMENT # L01000019860



1. Entity Name
WEALTHCARE FINANCIAL SERVICES, L.L.C.

Principal Place of Business Mailing Address
1031 W. MORSE BLVD., SUITE 200 **1031 W. MORSE BLVD., SUITE 200**
WINTER PARK FL 32789 **WINTER PARK FL 32789**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-3753777** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDDY, CARSON L C.P.A.
1031 W. MORSE BLVD., SUITE 200
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EDDY, CARSON L C.P.A. | | NAME | | |
| STREET ADDRESS | 1031 W. MORSE BLVD., SUITE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | INCINELLI, VICTOR J C.P.A. | | NAME | | |
| STREET ADDRESS | 1031 W. MORSE BLVD., SUITE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HARP, HARRY E C.P.A. | | NAME | | |
| STREET ADDRESS | 1031 W. MORSE BLVD., SUITE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *Harry E. Harp* **SIGNATURE REQUIRED** 1/9/2003 (407) 644-7425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)