

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000020769

FILED  
Sep 02, 2003  
Secretary of State

**Entity Name:** ALLDREAM PROPERTIES, LLC

**Current Principal Place of Business:**

6704 E. FOWLER AVENUE  
TAMPA, FL 33617

**New Principal Place of Business:**

P.O. BOX 273715  
TAMPA, FL 33618

**Current Mailing Address:**

6704 E. FOWLER AVENUE  
TAMPA, FL 33617

**New Mailing Address:**

P.O. BOX 273715  
TAMPA, FL 33618

**FEI Number:** 59-3758672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEVEST, LLC  
6704 E. FOWLER AVENUE  
TAMPA, FL 33617

**Name and Address of New Registered Agent:**

WEVEST, LLC  
P.O. BOX 273715  
TAMPA, FL 33618

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: ALBERTA BLAND

09/02/2003

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WEVEST LLC,  
Address: 6704 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEVEST LLC,  
Address: P.O. BOX 273715  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALBERTA BLAND

MGRM

09/02/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date