

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90001 030 ****50.00

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DOCUMENT # L01000021910



1. Entity Name
WADSS REAL ESTATE HOLDINGS, L.L.C.

Principal Place of Business Mailing Address
~~4000 PARK STREET NORTH~~ ~~4000 PARK STREET NORTH~~
~~ST. PETERSBURG, FL 33709~~ ~~ST. PETERSBURG, FL 33709~~
6500 66TH ST NO **6500 66TH ST NO.**
PINELLAS PARK FL 33781 **PINELLAS PARK FL 33781**

2. Principal Place of Business 3. Mailing Address
6500 66TH ST NO **6500 66TH ST NO**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PINELLAS PARK FL **PINELLAS PARK FL**
 Zip Country Zip Country
33781 **USA** **33781** **USA**

4. FEI Number Applied For
59-3760960 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GASSMAN, ESQ, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
 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: *Michael D Slobka* DATE: **18 Jun 03**
Signature, 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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete SLOMKA MD, MICHAEL D 4000 PARK STREET NORTH ST. PETERSBURG FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete WARREN MD, STEVEN B 4000 PARK ST NO SAINT PETERSBURG FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete DAVIDSON MD, PHILIP A 4000 PARK ST NO SAINT PETERSBURG FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete SHAFT MD, HOWARD W 4000 PARK ST NO SAINT PETERSBURG FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete ALEXANDER, VLADIMIR A 4000 PARK ST NO SAINT PETERSBURG FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6500 66 TH ST NO PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael D Slobka* DATE: **18 Jun 03** Daytime Phone #: **727-347-1286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)