

**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

0059534

DOCUMENT # L01000021910

1. Entity Name

WADSS REAL ESTATE HOLDINGS, L.L.C.



Principal Place of Business

Mailing Address

~~4000 PARK STREET NORTH
ST. PETERSBURG FL 33709~~

~~4000 PARK STREET NORTH
ST. PETERSBURG FL 33709~~

6500 66th ST NO
PINELLAS PARK FL 33781

6500 66th ST NO.
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.



CHECK HERE IF MAKING CHANGES

City & State

PINELLAS PARK FL

City & State

PINELLAS PARK FL

4. FEI Number

59-3760960

Applied For

Not Applicable

Zip

Country

33781 USA

Zip

Country

33781 USA

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

GASSMAN, ESQ, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

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

18 Jun 03

Signature, typed or printed name of registered agent and title if applicable.

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6500 66 th ST NO	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Michael D Slobka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

18 Jun 03 727-347-1286

Date

Daytime Phone #

CR2E083 (10/02)