5/7/2002-90348-032-$50.00-$50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 11 PM 12:49

DOCUMENT # L01000022646

1. Entity Name

WALHOF & CO., MERGERS AND ACQUISITIONS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1111 Ritz CARLTON Drive	1111 Ritz CARLTON Drive
Suite, Apt. #, etc. 1108	Suite, Apt. #, etc. 1108
City & State SARASOTA, FLA	City & State SARASOTA, FLA
Zip 34236 Country USA	Zip 34236 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ~~CT CORPORATION SYSTEM~~ DAVE BUSSARD

Street Address (P.O. Box Number is Not Acceptable) ~~1200 SOUTH PINE ISLAND ROAD~~

200 South ORANGE AVE

City PLANTATION SARASOTA FL Zip Code ~~33324~~ 34236

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $60.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WALHOF, CHRISTIAAN G. 1111 Ritz CARLTON Drive #1108 SARASOTA, FL 34236	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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: _____ 4/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #