U	NIFORM BUSII	NESS REPORT		BR)	•			laga	
DOCUMENT # L0200001469 1. Entity Name Island Wenco, LLC					FILED				
					2003 DEC -4 PM 2: 07				
	DO NOT WRIT	E IN THIS S	PAC	E		TOIVILION OF TALLAHAS			
1575 İsla	Place of Business and Lane		12276 San Jose Blvd			300025202003 12/07/0301006025 **50.00			
Suite, Apt.	#, etc.	Suite, Apt. #, etc. Ste 121	Suite, Apt. #, etc. Ste 121			DO NOT WRITE IN THIS SPACE			
City & Stat		City & State Jacksonville, FL	City & State Jacksonville, FL		4. FEI Numb	80-0029423		Applied For Not Applicable	
^{Zip} 32073	Country USA	Zip 32223	Coun					5.00 Additional se Required	
				7. Name and Address of Current Registered Agent					
DO NOT WRITE					nne Dobson				
					(P.O. Box Number is Not Acceptable)				
	IN THIS S	PACE		12276 San J	iose Blvd	Ste 121			
			City Jackson						
	named entity submits this statemen	nt for the purpose of changing it	s register			oth, in the State of Flori	ida. I am far		
the obligat	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered a	next and title if annihilable					DATE		
 	Square, typed or present name or registered a		FEE IS	\$50.00		<u> </u>	DATE		
Make Check Payable to Florida Department DUE BY MAY 1									
9.	MANAGING MEN	MBERS/MANAGERS	- 1		ler_	37 44 2	· · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E 22222								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	El 22222			8 5 - 27					
name Street Address City-St-ZIP	El 2222				D	O NOT V	VRIT	E	
TITLE NAME STREET ADDRESS			TITLI NAM STRE		, IN	THIS S	PAC	E	

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: LE ANNE DOBSIN LE CLANE DOBSIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATUR MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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CITY-ST-ZIP

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904-886-9629



FILED

2003 DEC -4 PM 2: 07

DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA

November 20, 2003

To: Division of Corporations

From: Lee Anne Dobson

RE: UBR

Enclosed you will find 2003 UBR's for 7 separate LLC's. We moved our offices in June of 2002 and did not received the applications. I apologize for the inconvenience. Our new address is on each of the enclosed applications. Please feel free to contact me should you have any questions.

Thank you.