2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-03-2003 90011 050 ****50.00

DOCUMENT # L02000003501

1. Entity Name
WELLINGTON COMMONS, LLC

Principal Place of Business	Mailing Address
12555 ORANGE DRIVE DAVIE FL 33330 US	12555 ORANGE DRIVE DAVIE FL 33330 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0445307 ☐ Applied For ☐ Not Applicable

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
LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA FL 33180	Name: ZIMMERMAN, HOWARD J Street Address (P.O. Box Number is Not Acceptable): 12555 ORANGE DRIVE STE 100 City: DAVIE FL Zip Code: 33330

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: HOWARD J. ZIMMERMAN - MGR 3/14/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZIMMERMAN, HOWARD J 12555 ORANGE DRIVE DAVIE FL 33330	☐ Delete	MGR - PARTNER MARSHALL A. WEINBERG TRUST 8061 BERMUDA POINT DAVIE, FL 33328	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MGR - PARTNER L. MICHAEL ORLOVE 2600 ISLAND BLVD. PH #2 AVENTURA, FL 33160	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

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: HOWARD J. ZIMMERMAN - MGR SIGNATURE REQUIRED 3/14/2003 (954) 862-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #