FILED

03 MAR 25 PM 1:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005373

1. Entity Name
WP REALTY INVESTMENTS 1, LLC

Principal Place of Business	Mailing Address
C/O ROBERT M. GARDNER, PA 2699 LEE ROAD, SUITE 320 WINTER PARK, FL 32789	C/O ROBERT M. GARDNER, PA 2699 LEE ROAD, SUITE 320 WINTER PARK, FL 32789

3/25

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc. 157 E. New England Ave, Ste 370	Suite, Apt. #, etc.
City & State Winter Park FL	City & State
Zip 32789 Country US	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0556967 ☐ 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
ROBERT M. GARDNER, P.A. 2699 LEE ROAD SUITE 320 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) 157 E. New England Ave. Ste 370 City Winter Park FL Zip Code 32789

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 [signature] 20 Mar 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 Robert Gardner 157 E. New England Ave. Ste 370 Winter Park FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~03/25/03--01060--001 **50.00~~ ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Langfitt, John Holt Ave Winter Park FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800014682738 03/25/03--01060--001 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E052(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: [signature] 20 Mar 03 4076448898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #