

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000005563

FILED  
Apr 27, 2003  
Secretary of State

Entity Name: WELLINGTON FEED, LLC

## Current Principal Place of Business:

400 EAST COLONIAL DR.  
ORLANDO, FL 32803

## New Principal Place of Business:

400 EAST COLONIAL DR.  
SUITE, 1707  
ORLANDO, FL 32803

## Current Mailing Address:

400 EAST COLONIAL DR.  
ORLANDO, FL 32803

## New Mailing Address:

400 EAST COLONIAL DR.  
SUITE, 1707  
ORLANDO, FL 32803

FEI Number: 04-3612410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WISSA, ANWAR E.Z.  
400 EAST COLONIAL DR.  
ORLANDO, FL 32803

## Name and Address of New Registered Agent:

WISSA, ANWAR E.Z. MGR  
400 EAST COLONIAL DR.  
ORLANDO, FL 32803

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: SHAKIR WISSA

04/27/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: WISSA, ANWAR E MGR  
Address: 400 EAST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

Title: MGRM ( ) Change (X) Addition  
Name: WISSA, SHAKIR A MGRM  
Address: 400 EAST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHAKIR WISSA

MGRM

04/27/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date