2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007391

1. Entity Name

SIGNATURE:

WUNDERLICH INVESTMENT ENTERPRISES, LLC



FILED Apr 11, 2003 8:00 am Secretary of State
04-11-2003 90017 034 ****50.00

Principal Place of Business 10335 QUAIL CROWN DRIVE		Mailing Address						
10335 QUAIL CROWN DRIVE C/O DR. RICHARD L WUNDERLICH NAPLES FL 34119 2. Principal Place of Business		10335 QUAIL CROWN DRIVE C/O DR. RICHARD L. WUNDERLICH NAPLES FL 34119		 	HÅRI OLI ODRIB KIRKI ÖTKIL ODRIK		1 3113 141 15 1	14 8 1 1181 1881
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nun	4. FEI Number 02-0578288 - Applied For Not Applicable			
Zip	Country	- Zip	Country	5. Certifica	ate of Status Desired		5.00 Add	ittional
	6. Name and Address of Current R	egistered Agent		7. Name a	nd Address of New Re			
3001	SP INC. TAMIAMI TRAIL NORTH 4TH FLOO LES FL 34103	OR .	Name Street Add	dress (P.O. Box Num	nber is Not Acceptable)			
3	_		City			FL	Zip Cod	e
the obligation	named splitty submits this statement for one of registered agent. Senature, typed or printed teme of registered agent an	d title if applicable. (NOTI	E: Registered Agent signature DW!!! FEE IS \$50	required when reinstating)	1/8/03	DATE	nillar with,	and accept
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/0	CHANGES	- -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WUNDERLICH, RICHARD L DR. 10335 QUAIL CROWN DRIVE NAPLES FL 34119	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	The second second	arament julius and a seedan i	<u> </u>	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
11. I hereby co	ertify that the information supplier with to on this report is true and accorate and the illity company or the receiver of trystee of	nis filing does not qualify for nat my signature shall have empowered to skecute his	the exemption stated the same legal effect report as equired by	d in Section 119.07(as if made under oa Onapter 608, Florid	3)(i), Florida Statutes. I t th; that I am a managin a Statutes.	further certify ng member o	that the ir r manage	formation r of the