

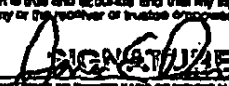
FILED
Jul 10, 2003 8:00 am
Secretary of State

05-12-2003 90091 016 ****50.00

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2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

5/12

DOCUMENT # L02000018877			
1. Entity Name WISNE LAND, LLC			
Principal Place of Business 350 NORTH ORANGE AVE. SUITE 1500 ORLANDO FL 32801		Mailing Address 350 NORTH ORANGE AVE. SUITE 1500 ORLANDO FL 32801	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. State and Address of Current Registered Agent CAROLAN, J.P. II 350 NORTH ORANGE AVE. SUITE 1500 ORLANDO FL 32801		5. Name and Address of New Registering Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 qualifications of registered agent.			
SIGNATURE Signature (must be printed name of registered agent and not I or applicant) NORTH Registered Agent Signature (must be printed name) DATE			
FILER NOWIN FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME Managing Member ALAN WISNEZ 600 San Marcos Drive Fort Lauderdale, FL 33301		TITLE NAME Change Add	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME President DANIEL R. DAVIS 3015 S. W. 10th St Miami, FL 33137		TITLE NAME Change Add	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME Change Add		TITLE NAME Change Add	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME Change Add		TITLE NAME Change Add	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 member or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		SIGNATURE REQUIRED: 4/26/03 2487356610	
SIGNATURE AND PRINTED NAME OF MEMBER MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAY/MONTH/YEAR			