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May 27, 2003 8:00 am
Secretary of State
04-24-2003 90039 035 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029044

44002331

1. Entity Name
WEIDMAN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
200 E. ROBINSON STREET, SUITE 500 ORLANDO, FL 32801	200 E. ROBINSON STREET, SUITE 500 ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
419 Lindy Circle	
Suite, Apt. #, etc. Suite #5	Suite, Apt. #, etc.
City & State Orlando - FL	City & State
Zip 32827 Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 081626125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRY, STONER, DELANCETT & BROWN, P.A.
200 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ____________________________ DATE

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEIDMAN, DANIEL E SR. 1664 PINE BAY DRIVE LAKE MARY, FL 32746	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Daniel Edward [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)