

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90018 013 ****55.00

DOCUMENT # L02000030911

1. Entity Name

WVB INVESTORS, LLC



Principal Place of Business

**7400 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE FL 32256**

Mailing Address

**7400 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE FL 32256**

2. Principal Place of Business

2030 OAK HAMMOCK DRIVE

3. Mailing Address

2030 OAK HAMMOCK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH - FL

City & State

PONTE VEDRA BEACH - FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

71-0912986

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

00100088



6. Name and Address of Current Registered Agent

**SCHNEIDER, RETO J
7400 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name **SCHNEIDER, RETO J.**

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

2030 OAK HAMMOCK DRIVE

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-15-2003

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **VON OLDENBURG, ELARD**
STREET ADDRESS **3340 PEACHTREE ROAD, NE, SUITE 1500**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **MGR** ☐ Delete
NAME **SCHNEIDER, RETO J**
STREET ADDRESS **2030 OAK HAMMOCK LANE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082-3712**

TITLE **Managing Member** ☐ Delete
NAME **WOLFGANG ALBUS**
STREET ADDRESS **3091 MAPLE DRIVE**
CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2030 OAK HAMMOCK DRIVE**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-15-2003

(904) 280-4075

Date

Daytime Phone #

CR2E083 (4/03)