

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

08-07-2003 90065 011 ****50.00

DOCUMENT # L02000035031

1. Entity Name

WISDOM RIVER PARTNERS FLORIDA, L.L.C.



Principal Place of Business

C/O BRUCE BRITTAIN
1692 HARTS RUN
ATLANTA GA 30341

Mailing Address

C/O BRUCE BRITTAIN
1692 HARTS RUN
ATLANTA GA 30341

55056146

2. Principal Place of Business

7507 Alloway St.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 80219

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FL

City & State

Atlanta GA

4. FEI Number

54-2093281

Applied For

☐ Not Applicable

Zip

33625

Country

Hillsborough

Zip

30366

Country

DeKalb

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEASELLS, ERIC L
7307 ALLOWAY STREET
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name

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

7507 Alloway Street

City

TAMPA

FL

Zip Code

33625

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

ERIC L. MEASELLS

(NOTE: Registered Agent signature required when reinstating)

7.7.03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
BRITTAIN, BRUCE
PO BOX 880219
ATLANTA GA 30366**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PO Box 80219

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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

7.7.03

813.792.0506

Date

Daytime Phone #

CR2E083 (4/03)