## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000035202

1. Entity Name

WADDELL INVESTMENT COMPANY, LLC



## FILED Mar 04, 2003 8:00 am Secretary of State

03-04-2003 90156 035 \*\*\*\*50.00

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
1643 Fernando Drive
Suite, Apt. #, etc.

Apt. #1
City & State

3. Mailing Address
701 E. Tennessee St.
Suite, Apt. #, etc.

30040015

Zip Code

DO NOT WRITE IN THIS SPACE

Apt. #1					_		
City & State	•	City & State		4. FEI Number		Applied For	
Tallahassee	F]	Tallahasse	e, Fl. 32303	59-3765300		Not Applicable	
Zip	Country	Zip	Country	- 0 17 1 10 1 2 1 1		\$5.00 Additional	
32303	U.S.A.	32308	U.S.A.	5. Certificate of Status Desired	Ш	Fee Required	
	t Maria protest de menero comp		7. Name and Address of Current Registered Agent				
			Name	· · · · · · · · · · · · · · · · · · ·			

DO NOT WRITE IN THIS SPACE

1. Name and Address of Current Registered Agent					
Name					
James	F.	Thielen,	CPA		
Street Address 701 E	s.(P.O <b>T</b> e	Box Number is Not	Acceptable)_ Street		
		-		·	

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.

τ	the obligations of regist	tered agent.			
010	ALATI IOE				

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

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

Make Check Payable to Florida Department of State.  DUE BY MAY 1						
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	Managing Member Irma R. Waddell 1643 Fernando Drive Tallahassee, Fl. 32303	TITLE NAME STREET ADDRESS CITY: ST: ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	rarrandssec, ir. sessos	TITLE NAME STREET ADDRESS OTTY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ITTLE NAME STREET ADDRESS CITY ST ZIP TO	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS GITY-ST-ZIP	IN THIS SPACE			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE MAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Afamot. Luce , Cold

2/26/03

Daylime Phone #