File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**  98 MAR -5 PM 1: 15

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address of Limited Liability Company

**DOCUMENT #** L93000000395

W.E. PROPERTIES, L.C. 1328 NORTH 3RD ST. JACKSONVILLE BEACH FL 32250 1a. Principal Place of Business Address

1328 NORTH 3RD ST. JACKSONVILLE BEACH FL 32250

						_
2. Principal Place of Business		2a. Mailing Address			3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	11/12/1993	FL
				4. FEI Number	Applied For	
City & State		City & State		59-3208244	Not Applicable	
Zip	Country	Zip	Country		5. Date of Last Report	6. Certificate of Status Desired
					06/13/1007	S8 75 Additional Fee Required
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office		
AHERN, FRED	n H			Name		
2215 S. TMIRD ST SUITE 101 JACKSONVILLE FL 32207			Ī	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.		
			Ī	City	FL	Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE\_ DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR ECKSTEIN, JOSEPH P 172 SAN JUAN DR. PONTE VEDRA BEACH FL MGR WALCHLE, BART A 737 SPINNAKER REACH PONTE VEDRA BEACH FL 200002452902--4 -03/10/98--01090--022 \*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER