


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
COMM 18 AM 10:37

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company  W.E. PROPERTIES, L.C. 1328 NORTH 3RD ST. JACKSONVILLE BEACH FL 32250		DOCUMENT # 193000000395  1a. Principal Place of Business Address 1328 NORTH 3RD ST. JACKSONVILLE BEACH FL 32250	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	
3. Date Organized or Qualified 11/12/1993		3a. State of Formation FL	
4. FEI Number 59-3208244		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/05/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  AHERN, FRED H 2215 S. TMRD ST SUITE 101 JACKSONVILLE FL 32207		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. 600002-811806-2 03/25/93 -01094 -019 City Zip Code ****188.75 ****188.75 FL	
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) (If Not, Registered Agent Signature Required Below)			
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
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. 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 liability 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 PRINTED NAME OF GOVERNMENT EMPLOYEE OR MEMBER			