

## 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED00002831  
AF

DOCUMENT # L93000000395

1. Entity Name

W.E. PROPERTIES, L.C.

00 MAY -2 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1328 NORTH 3RD ST.

JACKSONVILLE BEACH FL 32250

Mailing Address

1328 NORTH 3RD ST.

JACKSONVILLE BEACH FL 32250-7348

2. Principal Place of Business

106 LAGUNA VILLA BLVD

3. Mailing Address

P.O. Box 50338

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

JACKSONVILLE BCH. FL.

City &amp; State

JACKSONVILLE BCH. FL

4. FEI Number

59-3208244

Applied For

Not Applicable

Zip

32250

Country

U.S.A.

Zip

32240

Country

U.S.A.

5. Certificate of Status Desired

☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AHERN, FRED H

2215 S. TMIRD ST.

SUITE 101

JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	ECKSTEIN, JOSEPH P	172 SAN JUAN DR.	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	WALCHLE, BART A	737 SPINNAKER REACH	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		400003260244--9	-05/19/00--01116--022	<input type="checkbox"/>	<input type="checkbox"/>
		*****50.00	*****50.00	<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5/1/00

904-249-1003

CR2E083 (9/99)