



**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90026 013 \*\*\*\*50.00

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # L95000000004</b>  |   |   |  |
| 1. Entity Name<br><b>WMR PROPERTIES, L.C.</b>   |   |  |  |
| Principal Place of Business<br><b>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b>  |   | Mailing Address<br><b>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b>   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |
| City & State  |   | City & State   |  |
| Zip   | Country   | Zip  | Country  |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |  |
| <b>WOTITZKY, EDWARD L<br/>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b>  |   | Name   |  |
|   |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |   | City   |  |
|   |   | <b>FL</b>  | 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. I am familiar with, and accept the obligations of registered agent.   |   |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |
|   |   | <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b> |  |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>WOTITZKY, EDWARD L<br/>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MEM<br/>GOLDMAN, JASON B<br/>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MEM<br/>ROSS, WARREN R<br/>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MEM<br/>WOTITZKY, HAL F<br/>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MEM<br/>STURGES, ERNEST W JR<br/>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MEM<br/>HIGH, MELANIE D<br/>223 TAYLOR STREET<br/>PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 60B, Florida Statutes. |   |  |  |
| <b>SIGNATURE:</b>    |   | <b>REQUIRED</b>  |  |
|   |   | <b>Edward L. Wotitzky</b>  |  |
|   |   | 05/05/03<br>04/09/03   |  |
|   |   | (941) 639-2171   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   | <small>Date</small>  |  |
|   |   | <small>Daytime Phone #</small>   |  |

**55039031**



CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)