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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

| DOCU  | MENT # L950000   | <u>. (c</u>  |  | FILED  03 APR -2 AM 7:53  |  |                                |                               |                |                 |
|---|--|--|--|---|--|--------------------------------|-------------------------------|----------------|-----------------|
| 1. Entity Name WELP MEMPHIS OUTLET, L.C.  |  |  |  |   | 03 APR -2 AM 7: 53                     |                                |                               |                |                 |
| Principal Place of Business<br>5211 INTERNATIONAL DRIVE<br>DRLANDO FL 32819   |  | Mailing Address<br>5211 INTERNATIONAL DRIVE<br>ORLANDO FL 32819        |  | We WE   |  | ECRETARY OF<br>LLAHASSEE F     |                               | MJH            |                 |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |                                |                               |                |                 |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   | W → □ CHECK HERE IF MAKING CHANGES     |                                |                               |                |                 |
| City & State  |  | City & State   |  | 4. FEI Numbe  | 59-3295420                             |                                | Applied For<br>Not Applicable | -              |                 |
| Zip   | Country  | Zip  | Cour   | ntry  | 5. Certificate                         | of Status Desired              | \$5.00 /<br>Fee Requ          | Additional     | ]               |
|   | 6. Name and Address of Current   | Registered Agent   | <u> </u>   |   | 7. Name and                            | Address of New Reg             | istered Agent                 |                | j .             |
| ЕСТ   | EIN JOTHAD   |  |  | Name  |  |                                |                               |                |                 |
| 5211  | ein, lothar<br>I International Drive<br>Ando Fl 32819  |  | 3  |   | ss (P.O. Box Number is Not Acceptable) |                                |                               |                |                 |
| UND   | ANDO PL 32019  |  |  |   |  |                                |                               |                |                 |
|   |  |  |  | City  | ·                                      |                                | FL Zip C                      | ode            | 1               |
|   | named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent.  |  |  | ed office or registe  |  | n, in the State of Florida     | a. I am familiar wi           | th, and accept |                 |
|   |  | Make Check Payab   | le to Fle<br>e By Ma   | FEE IS \$50.00<br>orida Departme<br>ay 1, 2003  | ent of State                           |                                |                               |                |                 |
| 9.  | MANAGING MEMBE   |  | 10.  |   |  | ADDITIONS/CH                   |                               |                | <u>ا</u>        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGR<br>ESTEIN, LOTHAR<br>5211 INTERNATIONAL DRIVE<br>ORLANDO FL 32819  | □ Delete   |  |   |  |                                | ☐ Chang                       | e              | CR2E083 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   | 1  |   | .≘<br>04/4                             | : <b>0001</b> 51<br>02/0301054 | □ Chang<br>L7736<br> 022 **   | 3              | CR2             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | □ Delete   |  |   |  |                                | ☐ Chang                       | e 🗍 Addition   |                 |
|   |  | ☐ Delete   |  |   |  |                                | ☐ Chang                       | e 🔲 Addition   |                 |
| NAME<br>STREET ADDRESS  |  | ☐ Delete   |  | Ł   |  |                                | ☐ Chang                       | e 🗌 Addition   | <u> </u><br>    |
| NAME<br>STREET ADDRESS  |  | ☐ Delete   |  |   |  |                                | ☐ Chang                       | e Addition     |                 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby condicated | pertify that the information supplied with on this report is true and account to the state of th | Delete  this filling does not qualify for that my signature shall have | STRE CITY  TITLE NAM STRE CITY  TITLE NAM STRE CITY The exet | ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP mption stated in See legal effect as if r | nade under oath;                       | that I am a managing           | ☐ Change                      | e Addii        | tion            |

03/28/03

407 354 3307 Daytime Phone #