File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR -5 PM 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE OF MIASSIE FOR SBY Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000973 1a. Principal Place of Business Address W.N.R.J. MANAGEMENT, LLC 6825 N.W. 8TH AVENUE 6825 N.W. 8TH AVENUE GAINESVILLE FL 32605 GAINESVILLE FL 32605 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 12/19/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-2993479 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zıp Country Country \$8.75 Additional Fee Required 11/06/1998 B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent SHANLEY, GERI L 13221 NW MILLHOPPER Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32653 Suite, Apt #, etc Zip Code City 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. Thereby accept the appointment as registered agent, and accept the obligations DATE SIGNATURE (Registered Agent Accepting Applications) - (NOTE: Registered Agent signature tempered which tempered in a City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers MGR SHANLEY, GERI L 6825 NW 8TH AVENUE GAINESVILLE FL <u>~\_\_\$</u> -n3/12/99--01011--009 \*\*\*\*188,75 \*\*\*\*188.75 MV6 1 0 1000 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 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 attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PROPED NAME OF SHARING MANAGES AND SHERCH MAN THE

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