



2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 SEP 29 AM 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company USWPL, L.C. 6641 CENTRAL AVENUE ST. PETERSBURG FL 33710				DOCUMENT # L96000000322			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				1a. Principal Place of Business Address 6641 CENTRAL AVENUE ST. PETERSBURG FL 33710			
2a. Mailing Address 6529 Central Avenue Suite, Apt. #, etc. City & State St. Petersburg Florida Zip Country 33710				3. Date Organized or Qualified 03/22/1996		3a. State of Formation FL	
				4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent WERLY, ALBERT C 6641 CENTRAL AVENUE ST. PETERSBURG FL 33710				8. Name and Address of New Registered Agent Name Werly, Albert C. Street Address (P.O. Box Number is Not Acceptable) 6529 Central Avenue Suite, Apt. #, etc. St. Petersburg FL City FL Zip Code 33710			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	THE LOEBENBERG CHARI,	6641 CENTRAL AVENUE		ST. PETERSBURG FL			
MGRM	THER WERLY CHARITABL,	6641 CENTRAL AVENUE		ST. PETERSBURG FL			
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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.

SIGNATURE:

September 23rd, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #