2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001802

1. Entity Name
WCSP LLC

FILED
2003 MAY -2 PM 6:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT, #108 NAPLES, FL 34110	C/O LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT, #108 NAPLES, FL 34110

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3538892** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLASP INC. 3001 TAMIAMI TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103	Name: Cohen & Grigsby, P.C. Street Address (P.O. Box Number is Not Acceptable): 27200 Riverview Center Blvd. Suite 309 City: Bonita Springs **FL** Zip Code: 34134

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 [signature], DIRECTOR 4/29/03
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 Checks Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SP LLC 5668 STRAND COURT, #108 NAPLES, FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600017863956 05/02/03--01017--027 **50.00	☐ Change ☐ Addition
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CR2E083 (10/02)

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: SP, LLC By: [signature] as its MGR 4/28/03 239-597-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #