APPROVED

Daytime Phone #

## **2000 UNIFORM BUSINESS REPORT (UBR**

ASSOCIATION ASSOCIATION					AND FILED			
DOCUMENT # L9800002782  1. Entity Name								
WF HOLDINGS, L.L.C.					00 APR 27 AM 8: 54			
	,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SECRETARY OF STALLAHASSEE, FLI	CATE		
Principal Place of Business Mailing Address					TALLAHASSEE, FLORIDA			
363 ATLANTIC BLVD SUITE 3-A ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233-5283								
ATLANTIC DE		ATEMATIO DENOTITE 3220	-J200		LEGINAL DIA MARIANTA ARIA MANAMATA MANAMA		1 <b>8</b> 16 <b>8</b> 11 <b>8</b> 1 1 <b>88</b> 1	
	,	3. Mailing Address						
•	Place of Business							
151 Sawgrass Corners Drive Same as #2 Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
202 City & Stat		City & Ctata	City & State		4. FEI Number Applied For			
Ponte	Vedra Beach, FL	City & State	<u>-</u>		59-3543563	<u> </u>	ot Applicable	
Zip 32082	Country Zip		Country	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				
Name								
FAIRBANKS, RANDAL C				Address (P.O. Box Number is Not Acceptable)				
217 PONTE VEDRA PARK DRIVE, SUITE 200 PONTE VEDRA BEACH FL 32082								
			City	FL Zip Code				
8 The above	named entity submits this statement for	the nurnose of changing its r	registered office or	registered agent				
o. The above	Harried entity addition this statement for	the purpose or onanging its r	registered emice of	registered agent,	y gove, we we older or conduct			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
				· · ·				
		FILE NO Make Check Pay	)W!!! FEE IS \$ /able to Depart:			1		
9.	MANAGING MEMBE	10. TITLE		ADDITIONS/CHAN	GES Change	[ Addition		
TITLE NAME	FERBER, PAUL S	Oelete	NAME			E enemão		
STREET ADDRESS	363 ATLANTIC BLVD., SUITE 3			131 34 Mg 1433 00 Me 13 Di 146, # 202				
CITY-ST-ZIP TITLE	ATLANTIC BEACH FL 32233 CITY MGR Delete TITI			Ponte Ve	<u>ira Beach, FL 320</u>	USZ Change	Addition	
NAME	WALLACE, WILLIAM L			161 Sawai	race Compone Drive	_		
STREET ADDRESS CITY-ST-ZIP	S 363 ÁTLANTIC BLVD., SUITE 3 ATLANTIC BEACH FL 32233			DORESS   151 Sawgrass Corners Drive, # 202 ZIP Ponte Vedra Beach, FL 32082				
TITLE	ATLANTIC BEACH FL 32233				<u>.</u>	Change	Addition	
NAME	NAA			7000032498977 -05/12/0001022006				
STREET ADDRESS CITY-8T-ZIP			STREET ADDRESS CITY-ST-ZIP		-05/12/00- *****55 0			
TITLE		Delete	TITLE	****		☐ Change	Addition	
MAME STREET ADDRESS			NAME STREET ADDRESS					
CITY- 8T- ZIP			CITY-81-21P		`			
ппти	144.700	☐ Delete	THTLE	1.00		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				Ì	
CITY-ST-ZIP			CETY- 8T- ZIP					
TITLE		☐ Oeleta	TITLE		-	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-8T-ZIP		^	CITY-ST-ZIP					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	this fling does not qualify for that my signature shall have th	the exemption stat he same legal effe	ed in Section 119.6 ct as if made unde	07(3)(i), Florida Statutes. I further oath; that I am a managing me	certify that the in mber or manage	nformation er of the	
limited lia	bility company or the receiver or trustee	empowered to execute this re	eport as required t	by Chapter 608, Flo	rida Statutes.			
/	11 V I · /	_						