

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001127

1. Entity Name
WACHOWICZ-GUOAN, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:54



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2400 WINDWARD WAY NAPLES FL 34103	Mailing Address 2400 WINDWARD WAY NAPLES FL 34103
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2. Principal Place of Business 10001 Tamiami Trail N Suite, Apt. #, etc.	3. Mailing Address 10001 N Tamiami Trail Suite, Apt. #, etc.
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City & State Naples FL	City & State Naples FL	4. FEI Number applied for	Applied For Not Applicable
Zip 34108	Country USA	Zip 34108	Country USA

8. Name and Address of Current Registered Agent WACHOWICZ, GERALD E 2400 WINDWARD WAY NAPLES FL 34103	7. Name and Address of New Registered Agent Name John Winfield Street Address (P.O. Box Number is Not Acceptable) 10001 N Tamiami Trail City Naples FL Zip Code 34108
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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.
SIGNATURE DATE 9/25/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WACHOWICZ, GERALD E 2400 WINDWARD WAY NAPLES FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Winfield 10001 N Tamiami Trail Naples FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003415758--8 -10/05/00--01114--003 *****50.00 *****50.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	9/25/00	941-593-3104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Date	Daytime Phone #

CR2E083 (5/00)