2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 24 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005086 AF

DOCUMENT # L99000001788

1. Entity Name
WHL, LLC

Principal Place of Business	Mailing Address
2601 E. OAKLAND PARK BLVD., #208 FT. LAUDERDALE FL 33306	2601 E. OAKLAND PARK BLVD., #208 FT. LAUDERDALE FL 33306-1612

2. Principal Place of Business	3. Mailing Address
c/o WILLIAM H. LEFKOWITZ 3100 N. OCEAN BOULEVARD #1008 FT LAUDERDALE FLORIDA 33308	c/o WILLIAM H. LEFKOWITZ 3100 N. OCEAN BOULEVARD #1008 FT LAUDERDALE FLORIDA 33308
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country USA	Zip — Country USA

DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number 65-0914154 — ☐ 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
SCHWARTZ, HOWARD L P.A. 2101 CORPORATE BLVD., SUITE 414 BOCA RATON FL 33431	Name: WILLIAM H. LEFKOWITZ Street Address (P.O. Box Number is Not Acceptable): 3100 N. OCEAN BOULEVARD #1008 FT LAUDERDALE FLORIDA 33308 City — FL — Zip Code

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 William H. Lefkowitz Registered Agent and Manager — DATE 4/20/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000003244950--6
-05/09/00--01097--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MANAGER, MANAGING MEMBER	☒ Change ☐ Addition
NAME	LEFKOWITZ, WILLIAM H		NAME	WILLIAM H. LEFKOWITZ	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD., #208		STREET ADDRESS	3100 N. OCEAN BOULEVARD #1008	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		CITY-ST-ZIP	FT LAUDERDALE FLORIDA 33308	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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: William H. Lefkowitz Manager & Managing Member 4/20/00 (954) 564-6784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

WILLIAM H. LEFKOWITZ, MANAGER & MANAGING MEMBER