

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002737

1. Entity Name
WR DEVELOPMENT, L.L.C.

FILED

01 JAN 17 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4901 TAMIAMI TRAIL NORTH
NAPLES FL 34103

Mailing Address
4901 TAMIAMI TRAIL NORTH
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0924199

Applied For

Not Applicable

Zip

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

U.S. INVESTOR SERVICES, INC.
4901 TAMIAMI TRAIL NORTH
NAPLES FL 34103-3010

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

600003586366-7

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

-01/26/01--01047--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR GULF SHORE INVESTMENTS, INC. 4001 TAMIAMI TRAIL NORTH, SUITE 265 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME MGR INTERNATIONAL GENERAL PARTNER, INC. 4001 TAMIAMI TRAIL N., #265 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME MGR Gulf Shore Investments, Inc. 4901 Tamiami Trail North Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MGR International General Partners, Inc. 4901 Tamiami Trail North Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-12-01 941-213-4000
Date Daytime Phone #

CP2E083 (11/00)