

2001 UNIFORM BUSINESS REPORT (UBR)

0032170 SP

DOCUMENT # L99000003301

FILED

01 MAY 31 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
W & H HOLDINGS, L.L.C.

Principal Place of Business Mailing Address
113 SAND LANE, LAYTON **113 SAND LANE, LAYTON**
LONG KEY FL 33001 **LONG KEY FL 33001**



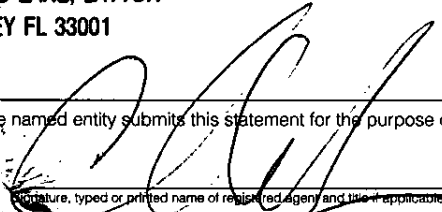
DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0924579		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHEESER, CHRISTOPHER 113 SAND LANE, LAYTON LONG KEY FL 33001				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

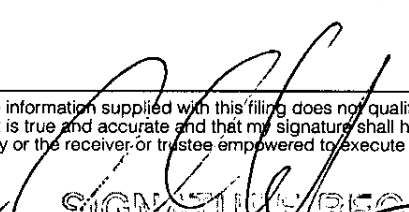
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **5-25-01**

FILE NOW!!! FEE IS \$50.00 **400004430134--5**
Make Check Payable to Department of State **-06/19/01--01060--013**
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHEESER, CHRISTOPHER			NAME			
STREET ADDRESS	113 SAND LANE, LAYTON			STREET ADDRESS			
CITY-ST-ZIP	LONG KEY FL			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANT, HAROLD D			NAME			
STREET ADDRESS	108 FAIRWAY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ANNISTON AK			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 REQUIRED** DATE: **5-25-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)