2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900006178 1. Entity Name										7
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WGP II, LLC						SECNETARY OF STATE DIVISION OF CORPORATIONS				
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Principal Place of Business Mailing Address						;	10 LED - 1	PH 2: 08		
C/O R. SCOTT PRICE. ESQ. 2640 GOLDEN GATE PARKWAY, SUITE 315 C/O R. SCOTT PRICE. ESQ. 2640 GOLDEN GATE PARKWAY, SUITE 315					ļ					
2640 GOLDEN GATE PARKWAY. SUITE 315 2640 GOLDEN GATE PARKWAY. SU NAPLES FL 34105 NAPLES FL 34105-3203				OHE 313						١
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2. Principal Place of Business 3. Mailing Address							i ko ri so ri be ik ob			
3621 Bouth Bay Blud 3621 Bouth CA					L					
Suite, Apt. #, etc. Suite, Apt. #, etc.				4		D	O NOT WRITE IN	THIS SPACE		
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- ^{2,10} P	L USA	PLA	Coun	SA	5.	Certificate of Statu	ıs Desired	Fee Required		
	6. Name and Address of Current F	legistered Agent			7.	Name and Addres	ss of New Regist	ered Agent		1
		lliam	G. PRICE	Jh						
						Box Number is Not		· -		1
C/O KELLY, PRICE, PASSIDOMO, SIKET & SOLIS										
2640 GOLDEN GATE PARKWAY, SUITE 315						with BA	y Blud			
NAPLES FL 34105) . T.	م حممت م	//	FL Zin Code	21	1
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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 /// WILLIAM G. PRICE JR 1/15/00										
SIGNATURE .	Signature, typed or printed name of registered agent a				e required when i	reinstating)		DATE		
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State										
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9.	MANAGING MEMBE	RS/MEMBERS	10.				ADDITIONS/CHA	NGES] _
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RAME	PRICE, WILLIAM G JR.		MAM	-			00313	31185 - 010740	7	8
STREET ADDRESS CITY-ST-ZIP	3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134			ET ADDRESS - ST- ZIP			/*************************************			R2E083 (9/99)
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11. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exe	mption state	ed in Section	119.07(3)(i), Florid	da Statutes. I furth	ner certify that the in	formation	
indicated limited fia	on this report is true and accurate and t bility company or the receiver or trustee	nat my signature shall have the empowered to execute this re	e same port as	e required by	it as it made y Chapter 60	under oath; that I : 08, Florida Statutes	arn a managing r	nember or manager	or the	
	1 11/2	N		_		_	//			
SIGNAT	HRE / NUMBER V	FRE REWILL	Am	6. Pm	CE, JA		1/15/00	941-992-89	40	
SIGNATURE: SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dat										