

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007020

1. Entity Name

WALL GROVE COMMUNICATIONS, L.L.C.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90058 048 ****55.00

Principal Place of Business

5728 MAJOR BOULEVARD SUITE 309
 ORLANDO FL 32819

Mailing Address

5728 MAJOR BOULEVARD SUITE 309
 ORLANDO FL 32819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

90 RESIDENCE MANAGEMENT, INC

209 TOWN CENTER BLVD

DAVENPORT, FL

33896

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3645896

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

INVESTORS REALTY LTD., INC.
 5728 MAJOR BOULEVARD, SUITE 309
 ORLANDO FL 32819

Name

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

209 TOWN CENTER BLVD

City

DAVENPORT, FL

FL

Zip Code

33896

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 MARLING, HEIDI
 5728 MAJOR BOULEVARD SUITE 309
 ORLANDO FL 32819

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 209 TOWN CENTER BLVD
 DAVENPORT, FL 33896

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02

Date

863-424-5536

Daytime Phone #

CR2E083 (9/01)