2001	UNIFORM BUSI	NESS REPOI	RT (UBF	3)	x =	46 ⁴ 6		
DOCUMENT # M0000000281					FILED			
WEALTH ENHANCEMENT GROUP, LLC				1	OI FEB 28 PM 3: 56			
Principal Place	ES CIRCLE	Mailing Address	18 VERSAILLES CIRCLE		SECRETARY OF STATE TALLAHASSEE. FLORIDA			
	0000LAWN DL 00,FL 32803		2200 WOODLAWN DR DRLANDO, FL 32803.			·		
	lace of Business W POLAWN DR	3. Mailing Address			. I IDA IBDAL IAF BOAFI OOFIA DAIIF DOI '	. <u>18 88 18 48 18 8 8 8 8 8 8 8 9 8 9 8 9 8 9 9 9 9 9</u>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
	NDOJFL	City & State	PRLANDO, FC		Number 59-3613202	N	pplied For ot Applicable	
32803	Country — USA	32 80 3 · ·	Country	5. Certi	ficate of Status Desired	- \$5.00 Ad Fee Require		
	6. Name and Address of Current F	Registered Agent	Name :		e and Address of New Re	egistered Agent		
BROWN, J. BURTON 918 VERSAILLES CIRCLE			Street Address (P.O. Box Number is Not Acceptable) 2200 WOODLAWN DR.					
MAITLAND FL 32751			2.2	-00 <u>~0</u> 0	OPLAWN	<u> </u>		
			City E	RLAND	D O	FL 359	803	
3. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent,	or both, in the State of Flor	rida.		
SIGNATURE	Agnated typed or printed name of registered agent as	G. BURTON BROWN		EO ure required when reinstat	(inc)	2 25/01		
			W!!! FEE IS \$	50.00	500003 -03/06	70101059		
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brown, J. Burton 918 Versailles Cir cle Martland Fl. 3275 1	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 W	DOS FL 3	X Change) R ことの シ	Addition Addition	
TITLE NAME STREET ADDRESS	MGR HAGEMEISTER, SHERRY L 2800 S. OCEAN BLVD., SUITE 14 BOCA RATON FL 33432	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP '	()(<110)		Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•	•		,	
TITLE NAME		☐ Delete	TITLE NAME	·	,	- Change	Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP		,			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
ITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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