

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 MAY 14 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 110000000522
 1. Entity Name
WH Investments LLC

Principal Place of Business <u>527 Marquette Ave. suite 1000 Mpls., MN 55402</u>	Mailing Address <u>527 Marquette Ave. suite 1000 Mpls., MN 55402-1302</u>
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2. Principal Place of Business <u>above</u>	3. Mailing Address <u>above</u>
Suite, Apt. #, etc. <u>(note change)</u>	Suite, Apt. #, etc. <u>(note suite #)</u>
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>41-1979898</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <u>Nationscorp Registered Agents, Inc. 526 E. Park Avenue Tallahassee, FL 32301</u>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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3. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Member Richard J. Hausar 527 Marquette Ave., suite 1000 Minneapolis, MN 55402</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Member Daniel D. Wozniak, Jr. 527 Marquette Ave., suite 1000 Minneapolis, MN 55402</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 -06/08/01-01005-008
 *****50.00 *****50.00

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: Paul A. Stearns Paul A. Stearns, CFO 4-9-01 612-313-0104
Signature and typed or printed name of signing managing member, manager, or authorized representative Date

CR2E083 (11/00)