

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90183 024 \*\*\*\*50.00

**DOCUMENT # M00000001568**  
 1. Entity Name  
**WEALTH ENHANCEMENT GROUP, LLC**

Principal Place of Business      Mailing Address  
**125 LAKE STREET WEST, STE 200**      **125 LAKE STREET WEST, STE 200**  
**WAYZATA MN 55391**      **WAYZATA MN 55391**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **41-1883252**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**FEELY, JAY**  
**16017 N. FLORIDA AVE.**  
**LUTZ FL 33549**

**7. Name and Address of New Registered Agent**  
 Name **JAY FEELY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15924 NOTTINGHILL DR.**  
 City **LUTZ**      FL      Zip Code **33549**

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 **JAY FEELY**      DATE **1/30/01**  
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**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	<b>COO</b>	<input type="checkbox"/> Delete
NAME	<b>BERNARD, MADELEINE</b>	
STREET ADDRESS	<b>125 LAKE STREET WEST, STE 200</b>	
CITY-ST-ZIP	<b>WAYZATA MN 55391</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>BERNARD, GERALD</b>	
STREET ADDRESS	<b>125 LAKE STREET WEST, STE 200</b>	
CITY-ST-ZIP	<b>WAYZATA MN 55391</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>HESS, DAVID</b>	
STREET ADDRESS	<b>125 LAKE STREET WEST, STE 200</b>	
CITY-ST-ZIP	<b>WAYZATA MN 55391</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HELMER, BRUCE</b>	
STREET ADDRESS	<b>125 LAKE STREET WEST, STE 200</b>	
CITY-ST-ZIP	<b>WAYZATA MN 55391</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Madeleine K Bernard**      Date **1/25/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)