

**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

**125 LAKE STREET WEST, STE 200  
WAYZATA MN 55391**

Mailing Address

**125 LAKE STREET WEST, STE 200  
WAYZATA MN 55391**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**41-1883252**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FEELY, JAY  
16017 N. FLORIDA AVE.  
LUTZ FL 33549**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/30/01**

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 **COO** ☐ Delete  
NAME **BERNARD, MADELEINE**  
STREET ADDRESS **125 LAKE STREET WEST, STE 200**  
CITY-ST-ZIP **WAYZATA MN 55391**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **C** ☐ Delete  
NAME **BERNARD, GERALD**  
STREET ADDRESS **125 LAKE STREET WEST, STE 200**  
CITY-ST-ZIP **WAYZATA MN 55391**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VC** ☐ Delete  
NAME **HESS, DAVID**  
STREET ADDRESS **125 LAKE STREET WEST, STE 200**  
CITY-ST-ZIP **WAYZATA MN 55391**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **HELMER, BRUCE**  
STREET ADDRESS **125 LAKE STREET WEST, STE 200**  
CITY-ST-ZIP **WAYZATA MN 55391**TITLE ☒ Change ☐ Addition  
NAME **BRUCE HELMER**  
STREET ADDRESS **125 W LAKE ST #200**  
CITY-ST-ZIP **WAYZATA, MN 55391**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 BERNARD**

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

Date

Daytime Phone #

CR2E083 (9/01)