

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 23 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M95000000242**

1. Entity Name
WCH SERVICES L.L.C., L.C.

Principal Place of Business 1004 FARNAM STREET, SUITE 400 OMAHA NE 68102	Mailing Address 1004 FARNAM STREET, SUITE 400 OMAHA NE 68102-1885
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **47-0796287** 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ 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 Delete
NAME **MEM**
STREET ADDRESS **AMERICA FIRST PROPERTIES MANAGEMENT, INC.**
CITY - ST - ZIP **1004 FARNAM STREET, SUITE 400
OMAHA NE 68102**

Change Addition
500003287645--5
-06/13/00--01086--016
*******50.00 *****50.00**

TITLE Delete
NAME **MEM**
STREET ADDRESS **YANNEY, MICHAEL B**
CITY - ST - ZIP **1004 FARNAM STREET, SUITE 400
OMAHA NE 68102**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CF 1033 (9/97)