

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M95000000242

FILED  
Apr 12, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

1004 FARNAM STREET, SUITE 400  
OMAHA, NE 68102

**New Principal Place of Business:**

**Current Mailing Address:**

1004 FARNAM STREET, SUITE 400  
OMAHA, NE 68102

**New Mailing Address:**

FEI Number: 47-0796287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MEM ( ) Delete  
Name: AMERICA FIRST PROPER, TIES MANAGEMEN T , INC.  
Address: 1004 FARNAM STREET, SUITE 400  
City-St-Zip: OMAHA, NE 68102

Title: MEM ( ) Delete  
Name: AMERICA FIRST PROPER, TIES MANAGEMEN T LLC  
Address: 1004 FARNAM STREET, SUITE 400  
City-St-Zip: OMAHA, NE 68102

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AMERICA FIRST PROPER, TIES MANAGEMEN T , INC.  
Address: 1004 FARNAM STREET, SUITE 400  
City-St-Zip: OMAHA, NE 68102

Title: MGR (X) Change ( ) Addition  
Name: AMERICA FIRST PROPER, TIES MANAGEMEN T LLC  
Address: 1004 FARNAM STREET, SUITE 400  
City-St-Zip: OMAHA, NE 68102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID H ROBERTS

MGRM

04/12/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date