


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90272 009 \*\*\*\*50.00

0070640

|  |   |
|--|---|
| <b>DOCUMENT # M96000000416</b>                 |  |
| 1. Entity Name<br><b>WELLINGTON GROUP, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1885 EXECUTIVE PARK DRIVE<br/>CLEVELAND TN 37312</b> | Mailing Address<br><b>1885 EXECUTIVE PARK DRIVE<br/>CLEVELAND TN 37312</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>1850 Executive Park</b> | 3. Mailing Address<br><b>1850 Executive Park</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>Cleveland, TN</b> | City & State<br><b>Cleveland, TN</b> |
| Zip<br><b>37312</b>                  | Zip<br><b>37312</b>                  |
| Country<br><b>USA</b>                | Country<br><b>USA</b>                |



☒ CHECK HERE IF MAKING CHANGES

|   |  |
|---|--|
| 4. FEI Number<br><b>62-1643012</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><b>NRAI SERVICES, INC.<br/>526 E. PARK AVE.<br/>TALLAHASSEE FL 32310</b> |
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|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>STOUT, WILLIAM J JR.<br/>1885 EXECUTIVE PARK DRIVE<br/>CLEVELAND TN 37312</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>WEST, MARK D<br/>1885 EXECUTIVE PARK DRIVE<br/>CLEVELAND TN 37312</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1850 Executive Park<br/>Cleveland, TN 37312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1850 Executive Park<br/>Cleveland, TN 37312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:**  **4-28-03** **473 473 0093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)