

# 2000 UNIFORM BUSINESS REPORT (UBR)

2016164 AB

**DOCUMENT # M99000000232**

1. Entity Name

**EJP PROPERTIES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 12:45

Principal Place of Business

6515 GRAND TETON PLAZA, SUITE 210  
MADISON WI 53719

Mailing Address

6515 GRAND TETON PLAZA, SUITE 210  
MADISON WI 53719-1048

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

39-1945380

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VOIGT, JOHN D**  
**1177 S.E. 3RD AVENUE**  
**FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**BLT**

9. MANAGING MEMBERS/MEMBERS

**TITLE** MGR  
**NAME** PLESKO, ERWIN J  
**STREET ADDRESS** 6515 GRAND TETON PLAZA, SUITE 210  
**CITY-ST-ZIP** MADISON WI 53719

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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10. ADDITIONS/CHANGES

**TITLE**  
**NAME**  
**STREET ADDRESS** 6515 GRAND TETON PLAZA, SUITE 300  
**CITY-ST-ZIP** MADISON, WI 53719

☒ Change ☐ Addition

☐ Change ☐ Addition

**900003148089--1**

**02/25/00--01832--018**

**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

PLESKO

1-13-00

Date

(608)833-7600

Daytime Phone #

CR2E083 (9/99)