2000 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # M9900000232  1. Entity Name  E ID DOCUMENT # 1.C				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
EJP PRO	PERTIES, LLC			00 FEB 15 PM 12: 45	
Principal Plac	co of Rucinose	Mailing Address			
Principal Place of Business 6515 GRAND TETON PLAZA. SUITE 210 MADISON WI 53719		6515 GRAND TETON PLAZA. SUITE 210 MADISON WI 53719-1048			
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	(Country	City & State	Country	39–1945380 Not Applicable	
	6. Name and Address of Cur	rrent Registered Agent		Certificate of Status Desired Fee Required      Name and Address of New Registered Agent	
	or rathe and Address of our	TO A	Name		
VOIGT, JO			Street Ado	dress (P.O. Box Number is Not Acceptable)	
	. 3RD AVENUE UDERDALE FL 33316				
, 0,,, 0,,			City	FL Zip Code	
<ol><li>The above</li></ol>	e named entity submits this stateme	ent for the purpose of changing it	 ts registered office or re	- <del>-</del>	
		 ent for the purpose of changing it	 ts registered office or re	egistered agent, or both, in the State of Florida.	
8. The above			 ts registered office or re	egistered agent, or both, in the State of Florida.	
		agent and title if applicable. (NO		egistered agent, or both, in the State of Florida.	
		agent and title if applicable. (NO FILE N	TE: Registered Agent signature	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE	
	Signature, typed or printed name of registered	agent and title if applicable. (NO FILE N	TE Registered Agent signature	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE	
SIGNATURE	Signature, typed or printed name of registered  MANAGING M	agent and title if applicable. (NO FILE N Make Check P	I/OW!!! FEE IS \$50 ayable to Department 10.	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE  0.00  Dent of State	
SIGNATURE	Signature, typed or printed name of registered  MANAGING M  MGR  PLESKO, ERWIN J	FILE N Make Check P  TEMBERS / MEMBERS	IOW!!! FEE IS \$50 ayable to Department 10.	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE  DATE  ADDITIONS/CHANGES  Change Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered  MANAGING M	FILE N Make Check P  IEMBERS/MEMBERS  Delete	IOW!!! FEE IS \$50 ayable to Department  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE  O.00  Lent of State  ADDITIONS/CHANGES  Change  Addition  Addition  MADISON, WI 53719	
9. TITLE MANUE STREET ADDRESS	Signature, typed or printed name of registered  MANAGING M  MGR  PLESKO, ERWIN J  6515 GRAND TETON PLAZA	FILE N Make Check P  TEMBERS / MEMBERS	IOW!!! FEE IS \$50 ayable to Department 10.	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE  DATE  ADDITIONS/CHANGES  Change Addition  Addition	
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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 truttee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY- ST- ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDESSES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Delete

1-13-00

(608)833-760d

Daytime Phone #