

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM****Secretary of State****DOCUMENT # M99000000232**1. Entity Name
EJP PROPERTIES, LLC

Principal Place of Business 6515 GRAND TETON PLAZA, SUITE 210 MADISON WI 53719	Mailing Address 6515 GRAND TETON PLAZA, SUITE 210 MADISON WI 53719
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2. Principal Place of Business 6515 GRAND TETON PLAZA, SUITE 300	3. Mailing Address 6515 GRAND TETON PLAZA, SUITE 300
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MADISON WI	City & State MADISON WI
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Zip 53719	Country	Zip 53719	Country
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4. FEI Number 39-1945380	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentVOIGT JOHN D
1177 S.E. 3RD AVENUE

FORT LAUDERDALE FL
33316 US**7. Name and Address of New Registered Agent**Name
STROSS HOWARD C
Street Address (P.O. Box Number is Not Acceptable)
33920 US HWY 19
SUITE 351
City
PALM HARBOR FL Zip Code
34684

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 **HOWARD C. STROSS****04/02/2001**

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**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLESKO ERWIN J 6515 GRAND TETON PLAZA, SUITE 300 MADISON WI 53719	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERWIN J. PLESKO**MGR 04/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)