2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

M9900000721

1. Entity Name

WALSH DOHMEN SOUTHEAST L.L.C.

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Mailing Address

3950 VALLEY EAST INDUSTRIAL DRIVE

BIRMINGHAM AL 36109

3950 VALLEY EAST INDUSTRIAL DRIVE

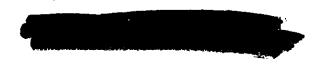
BIRMINGHAM AL 35217-1837

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
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APPROVED AND FILED

00 JUN 27 PM 2: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

City & State

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City & State

City & State

4. FEI Number
75 - 2730473

Not Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired
Fee. Required
Fee. Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

City Fi 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.

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9.	. MANAGING MEMBERS/MEMBERS			ADDITIONS/CHANGES			
TITLE	MGRM	Delets	TITLE	Controller	Change	Addition	
NAME	NELSON, RONALD G		NAME	Reese shuffield		-	
STREET ADDRESS	5005 N STATE ROAD LINE AVE		STREET ADDRESS	COOS N State Line Ave			
CITY- ST- ZIP	TEXARKANA TX 75503		CITY-2T-ZIP	Reese Shuffield soos N state Line Ave Texarkang TX 75503			
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STREET ADDRESS	SMITH, THOMAS O		STREET ADDRESS				
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	BIRMINGHAM AL 36109		-	· · · · · · · · · · · · · · · · · · ·			
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NAME			NAME	•			
STREET ADDRESS			STREET ADDRESS			ļ	
CTTY-8T-ZIP			CITY- 8T- ZIP				

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 SHA

NIG MANAGING MEMBER OR MANAGER

4/24/00 Date

703-744-5141