

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004965

Entity Name: WASAT, LLC

FILED  
Apr 18, 2007  
Secretary of State

**Current Principal Place of Business:**

2150 WHITFIELD AVE.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

2150 WHITFIELD AVE.  
SARASOTA, FL 34243

**New Mailing Address:**

P.O. BOX 1384  
SARASOTA, FL 34230

FEI Number: 65-1103581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTER, WEBB G  
2150 WHITFIELD AVE.  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

LANCASTER, ALEX P  
711 N. WASHINGTON BLVD.  
SARASOTA, FL 34236 US

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: ALEX P. LANCASTER

04/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARTER, WEBB G  
Address: 2150 WHITFIELD AVE.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM ( ) Delete  
Name: RICHARDSON, T. J.  
Address: 1945 17TH ST.  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: RICHARDSON, T. J.  
Address: 818 OAK VISTA DRIVE  
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WEBB G. CARTER

MGRM

04/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date