


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000013712
1. Entity Name
WOS PROPERTIES, LLC



Principal Place of Business Mailing Address
5736 WILLARD NORRIS ROAD **P.O. BOX 422**
MILTON, FL 32570 **MILTON, FL 32572**

DO NOT WRITE IN THIS SPACE



02072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
14-1852396 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
SALTER, WILLIAM O
5736 WILLARD NORRIS ROAD
MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-13-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

Filing Fee is \$50.00
Due by May 1, 2006

000000518442
05/02/06-80010-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALTER, WILLIAM D 5736 WILLARD NORRIS RD MILTON, FL 32570
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William O. Salter 850
4-10-06 994-4611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #