


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90285 009 ****50.00

DOCUMENT # L02000018135
 1. Entity Name
WDB HOLDINGS, LLC



Principal Place of Business Mailing Address
5201 TAMIAMI TRAIL N **5201 TAMIAMI TRAIL N**
STE 2 **STE 2**
NAPLES FL 34103 **NAPLES FL 34105**

2. Principal Place of Business 3. Mailing Address
4248 KENSINGTON HILLS ST **SAMZ**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State City & State
NAPLES, FL
 Zip Country Zip Country
34105 **USA**

4. FEI Number Applied For
02-0633729 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
NOVATT, JEFF M ESQ.
CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP
821 FIFTH AVE SOUTH, STE 201
NAPLES FL 34102

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAXTER, DOUGLAS	
STREET ADDRESS	404 RUSSELL WOODS RD	
CITY-ST-ZIP	TECUMSEH ON N8N3S5 ca-nada	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAXTER, NANCY	
STREET ADDRESS	404 RUSSELL WOODS RD	
CITY-ST-ZIP	TECUMSEH ON N8N3S5 ca-nada	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:  **DOUGLAS BAXTER** 1/31/05 239-213-1237
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #