


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L03000018995                      |  |
| 1. Entity Name<br>WEXLER DEVELOPMENT, L.L.C. |   |

|  |  |
|--|--|
| Principal Place of Business<br>2112 SOUTH CONGRESS AVE<br>SUITE 208<br>WEST PALM BEACH, FL 33406 | Mailing Address<br>2112 SOUTH CONGRESS AVE<br>SUITE 208<br>WEST PALM BEACH, FL 33406 |
|--|--|



01072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>57-1168859                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S  
 1177 S.E. 3RD AVENUE  
 FORT LAUDERDALE, FL 33316

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000787081  
 01/17/08-80068-019 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WEXLER, GREGG R<br>7522 ISLA VERDE WAY<br>DELRAY BEACH, FL 33446 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WEXLER, LINDA S<br>7522 ISLA VERDE WAY<br>DELRAY BEACH, FL 33446 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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:** 

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

Date: 1/7/08 Daytime Phone #: 561-641-8020