


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90193 037 \*\*\*\*50.00

**DOCUMENT # L04000071471**

1. Entry Name  
**WTM PROPERTIES, LLC**



Principal Place of Business  
**1125 LAKE SHORE DR.  
 201  
 LAKE PARK, FL 33403**

Mailing Address  
**2399 TREASURE ISLE DR.  
 20  
 PALM BEACH GARDENS, FL 33410**

30001457



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02042005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
**MIRGUET, WILLIAM F III  
 2399 TREASURE ISLE DR.  
 20  
 PALM BEACH GARDENS, FL 33410**

4. FEI Number  
**20-1244638**

Applied For  
 Not Applicable

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

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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	MIRGUET, WILLIAM F III	2399 TREASURE ISLE DR. #20	PALM BEACH GARDENS, FL 33410	<input type="checkbox"/>
MGRM	SLOOP, THOMAS	1125 LAKE SHORE DR. #201	LAKE PARK, FL 33403	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *William F. Mirquet III* Date: 2/1/05 (521) 691-5041

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