
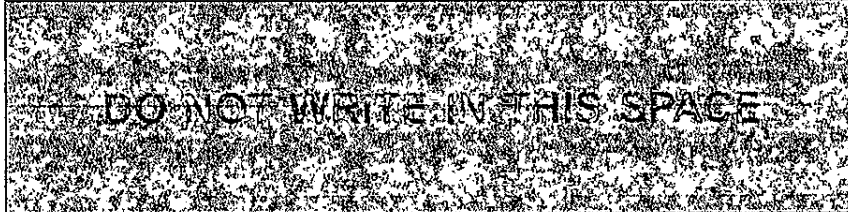



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000071471 1. Entity Name WTM PROPERTIES, LLC	
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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
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04032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1244638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRGUET, WILLIAM F III
 2399 TREASURE ISLE DR.
 20
 PALM BEACH GARDENS, FL 33410



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.

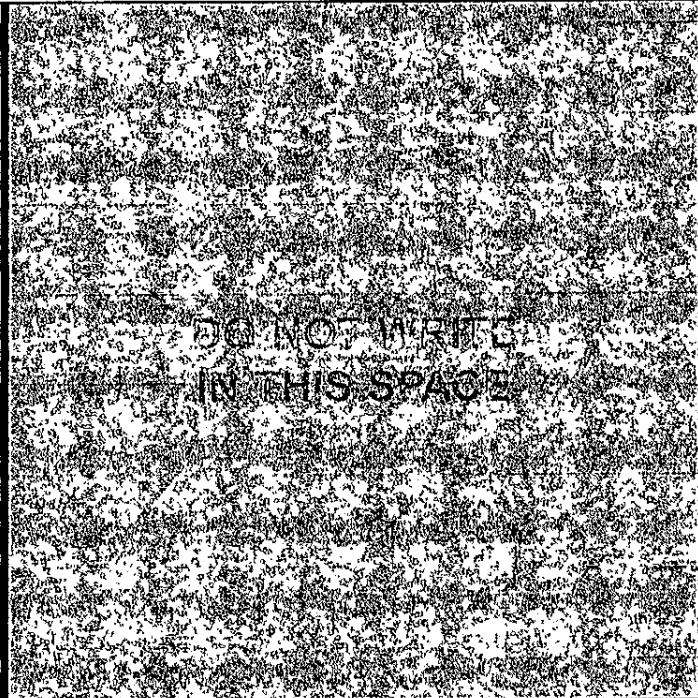
SIGNATURE _____ DATE _____

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

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000691052
04/12/07-80015-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	MIRGUET, WILLIAM F III
STREET ADDRESS	2399 TREASURE ISLE DR. #20
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	



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 F. MIRQUET, III** 4/1/07 561-691-5041

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