


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/1/2006-90064-018-\$50.00-\$50.00
FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
06 SEP 14 AM 10:14

DOCUMENT # L05000009160

1. Entity Name
WTO, LLC



Principal Place of Business 11501 N.W. 225-A REDDICK FL 32686-9794	Mailing Address 11501 N.W. 225-A REDDICK FL 32686-9794
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2. Principal Place of Business 13400NW Hwy 225	3. Mailing Address P.O. Box 670
State, Apt. #, etc.	Suite, Apt. #, etc.

City & State Reddick, FL	City & State Fairfield, FL
Zip 32686	Zip 32634
Country USA	Country USA

1st MOORE **CR2E083 (10/05)**

4. FEI Number
02-0786472 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

MURTY, STEPHEN G ESQ.
11 S.W. 8TH STREET
OCALA FL 34474

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 registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LERMAN, ROY S 11501 N.W. 225-A REDDICK FL 32686-9794 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roy S. Lerman* **Roy S. Lerman** **7/24/06** **352-591-0603**

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