


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90027 041 ****50.00

DOCUMENT # L05000034423	
1. Entity Name WABASSO-MCKINLEY, LLC	

Principal Place of Business 1235 5TH PLACE VERO BEACH, FL 32962	Mailing Address 1235 5TH PLACE VERO BEACH, FL 32962
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2. Principal Place of Business 702 GROVE PLACE	3. Mailing Address 702 GROVE PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH FL	City & State VERO BEACH, FL
Zip 32963	Country Indian River
Zip 32963	Country Indian River

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MALONE, CLINT S 979 BEACHLAND BLVD. VERO BEACH, FL 32963		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM SHARON A. WINSLOW 702 GROVE PLACE VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sharon Winslow - manager 4/25/06 772-633-8148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SHARON WINSLOW