


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90033 029 ****50.00

DOCUMENT # L05000034423

1. Entity Name
WABASSO-MCKINLEY, LLC



Principal Place of Business
 702 GROVE PLACE
 VERO BEACH, FL 32963

Mailing Address
 702 GROVE PLACE
 VERO BEACH, FL 32963

2. Principal Place of Business - No P.O. Box #
4335 14TH PLACE

3. Mailing Address
4335 14TH PLACE


Suite, Apt. #, etc.

City & State

City & State

Zip **32966** Country

Zip **32966** Country



05172007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

MALONE, CLINT S
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

4. FEI Number
20-2691506

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 _____ 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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WINSLOW, SHARON A 702 GROVE PLACE VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4335 14TH PLACE VERO BEACH, FL 32966	<input checked="" 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 **7/6/07** **772 633 8148**

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