

ANNUAL REPORT (AR)

DOCUMENT # L05000074230

1. Entity Name

WEATHERBEE TOWNHOMES, LLC



FILED
Apr 13, 2007 08:00 AM
Secretary of State

Principal Place of Business

**7522 ISLA VERDE WAY
DELRAY BEACH FL 33446**

Mailing Address

**7522 ISLA VERDE WAY
DELRAY BEACH FL 33446**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E083 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1168859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVE.
FT. LAUDERDALE FL 33316**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM						
	WEXLER, GREGG R	7522 ISLA VERDE WAY	DELRAY BEACH FL 33446				
	MGRM						
	WEXLER, LINDA S	7522 ISLA VERDE WAY	DELRAY BEACH FL 33446				

U000000706059
04/24/07-80017-020 50.00

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:

[Handwritten Signature]

3/21/07

561-445-1054

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

Date

Daytime Phone #