

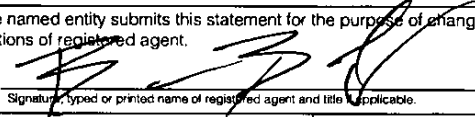



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 020 ***138.75

DOCUMENT # L07000056916					
1. Entity Name WF PIER 550, LLC				00000000	
Principal Place of Business C/O BRUCE WEINER 1125 GULF OF MEXICO DR., UNIT 401 BLDG 3 LONGBOAT KEY, FL 34228		Mailing Address C/O BRUCE WEINER 139 FREEPORT ROAD PITTSBURGH, PA 15215		07162008 Chg-LLC CR2E083 (12/06)	
2. Principal Place of Business - No P.O. Box # C/O BRUCE WEINER Suite, Apt. #, etc. 1300 BEN FRANKLIN DR # 501		3. Mailing Address Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State		4. FEI Number 26-0301819	
Zip 34236		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINER, BRUCE 1125 GULF OF MEXICO DRIVE UNIT 401, BLDG. 3 LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent Name WEINER, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1300 BEN FRANKLIN DR UNIT 501 City SARASOTA FL Zip Code 34236	
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 		BRUCE B. WEINER		7/16/08	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINER FINANCE LLC 138 FREEPORT ROAD PITTSBURGH, PA 15215	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: 		BRUCE B. WEINER		7/16/08 412-782-0200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	