2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90060 001 ***138.75

| DOCUMENT # M0300003849 1. Entity Name WMB III, LLC | | | | | | 04-28-2008 9 | /0060 00 | 1136 | . / 3 |
|--|---|--|---|---|--|------------------------------|------------------|-----------------------------------|--|
| Principal Place | e of Business | Mailing Address | | | ß | 0030950 |) | | |
| 1000 EAST 80TH PLACE, STE. 555 NORTH MERRILLVILLE, IN 46410 1000 EAST 80TH PLACE, STI MERRILLVILLE, IN 46410 | | | | 555 North | | | | al (Sin Giria 181 | ira el isti |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03252008 | Chg-LLC | CR2E0 | 83 (12/06) | | |
| City & State | | City & State | | 4. FEI Numbe 75-3134 | | | <u> </u> | plied For t Applicable | |
| Zip Country | | Zip | Country | | 5. Certificate | of Status Desired | | \$5.00 Add Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | | | |
| CORBODA | TION CERVICE COMPANY | - | | Name | | | | | _ |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | Ì | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | . <u> </u> |
| | | | | City | | | FL | Zip Code |) |
| | named entity submits this statement for ions of registered agent. | or the purpose of changing its | registere | ed office or register | ed agent, or bot | h, in the State of Flo | rida. I am f | amiliar with, | and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent | t and title if applicable. (NOT | E: Registere | d Agent signature required | I when reinstating) | | DATE | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | Make check payable to Florida Department of State | | | | |
| | 7 1, 2008 Fee will be \$538.7 | | | | | Florida | Departm | ent of State | 3 |
| After May | 1, 2008 Fee will be \$538.7 | ERS/MANAGERS | 10. | | | | Departm | ent of State | |
| After May 9. TITLE | MANAGING MEMBI | | TITLE | | | Florida | Departm | ent of State | Addition |
| After May | 1, 2008 Fee will be \$538.7 | ERS/MANAGERS | TITLE NAMI STRE | | | Florida | Departm | ent of State | |
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under dain; that if a finited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.