2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| ANNUAL REPORT | | | | | EII - | | | |
|---|---|---|--------------------------------------|---|---|---|--|-------------------------------|
| DOCUMEN ⁻ 1. Entity Name WLR 1805, LLC. | Т # L070001242 | 283 | | | | U8 FE | FILED BI4 PH 2: (| |
| Principal Place of Business 253 HAYDEN ROAD #214 TALLAHASSEE, FL 32304 | | Mailing Address 253 HAYDEN ROAD #214 TALLAHASSEE, FL 32304 | | K | | ri 8 2 14 180 | TARY OF STA | - 41 |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | / | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02142008 | Chg-LLC | CR2E083 (12/0 | 3) |
| City & State | | City & State | | | 4. FEI Numb | er | • • | Applied For Not Applicable |
| Zip | Zip Country | | Zip Count | | 5. Certificate of Status Desired | | | |
| 6. Nan | ne and Address of Current R | Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| RUST, WILLIAM L 253 HAYDEN ROA TALLAHASSEE, F | | | - | Name Street Address (| (P.O. Box Numb | per is Not Acceptabl | FL Zip C | ode |
| the obligations of reg | titity submits this statement for istered agent. | | | d office or registe | | oth, in the State of Fi | | th, and accept |
| | FEE IS \$138.75 8 Fee will be \$538.75 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | Make check payable to Florida Department of State | | | | |
| 9. | MANAGING MEMBER | S/MANAGERS | 10. | 1.6 | | ADDITIONS | /CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | st Wi 3 Hay 11 aha | lliam den Ra see, fl | od #214 32304 | e Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | 60 03/11 | 001199 /0801011 | □ Chang 332476 008 **130 | _ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Chang | e 🔲 Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | | | | | ☐ Chang | e 🔲 Addition |
| 11. I hereby certify that indicated on this replimited liability completely | the information supplied with port is true and accurate and pany or the regeiter or trustee | this liling troes not qualify for hat my signature shall have empowered to execute this | or the exer the same report as | nptions contained legal effect as if a required by Chap | in Chapter 119 made under oat oter 608, Florida | , Florida Statutes. I h; that I am a mana i Statutes. | further certify that the i aging member or mana | nformation ager of the |
| SIGNATURE: | RE AND TYPED OR ARTINTED NAME OF | SIGNING MANAGING MEMBER MA | NACES OF | AUTHORIZED REPRES | ENTATIVE | 2/14/08 | 956 54 Daytime Phone | 54489 |