


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90214 048 ****50.00

DOCUMENT # L00000001372

1. Entity Name
W.M. INTL. FOOD BUSINESS, L.L.C.



Principal Place of Business Mailing Address
11380 PROSPERITY FARMS RD., STE. 217 **11380 PROSPERITY FARMS RD., STE. 217**
110 A **110 A**
PALM BEACH GARDENS, FL 33410 **PALM BEACH GARDENS, FL 33410**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11380 PROSPERITY FARMS RD **11380 PROSPERITY FARMS RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 215 **SUITE 215**

02282007 Chg-LLC CR2E083 (12/06)

City & State City & State
PALM BEACH GARDENS FL **PALM BEACH GARDENS FL**

Zip Country Zip Country
33410 **USA** **33410** **USA**

4. FEI Number Applied For
65-0989846 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
THIEMANN, DIETER A
11380 PROSPERITY FARMS RD., STE. 110A
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
 Name **THIEMANN, DIETER A**
 Street Address (P.O. Box Number is Not Acceptable)
11380 PROSPERITY FARMS RD STE. 215
 City **PALM BEACH GARDENS FL** Zip Code **33410**

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 May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	HERBERT, WEIGL	BIRGSTRASSE 17	VORRA, GERMANY, 91247	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X *H. Weigl* HERBERT WEIGL Date: 2/28/07 Daytime Phone # _____

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