


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90230 022 \*\*\*\*50.00

<b>DOCUMENT # L00000002378</b>		
1. Entity Name <b>WD JACKSONVILLE FL, LLC</b>		
Principal Place of Business <b>C/O I REISS &amp; SON SUITE 1841 NEW YORK NY 10165</b>		Mailing Address <b>C/O I REISS &amp; SON SUITE 1841 NEW YORK NY 10165</b>
2. Principal Place of Business <b>% I. REISS &amp; SON 200 EAST 61st STREET, STE 29F NEW YORK, NY 10021</b>	3. Mailing Address <b>% I. REISS &amp; SON 200 EAST 61st STREET, STE 29F NEW YORK, NY 10021</b>	



MOORE CR2E083 (11/03)

4. FEI Number <b>13-4088993</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SONN, TERRI G P.A. 20801 BISCAYNE BLVD #501 AVENTURA FL 33180</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HEFFNER, LINDA 60 EAST 42ND ST., STE. 1841 NEW YORK NY 10165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Heffner, Linda % I. REISS &amp; SON 200 EAST 61st STREET, STE 29F NEW YORK NY 10021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MILLER, ROBERTA 60 E. 42ND ST., STE. 1841 NEW YORK NY 10165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MILLER, ROBERTA % I. REISS &amp; SON 200 EAST 61st STREET, STE 29F NEW YORK, NY 10021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Linda Heffner Linda Heffner, member 1-26-04 212-697-4458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #