

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90037 018 ****50.00

DOCUMENT # L00000002378
1. Entity Name
WD JACKSONVILLE FL, LLC



Principal Place of Business C/O I REISS & SON 200 EAST 61ST STREET, STE 29F NEW YORK, NY 10021	Mailing Address C/O I REISS & SON 200 EAST 61ST STREET, STE 29F NEW YORK, NY 10021
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DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

SONN, TERRI G P.A.
20801 BISCAYNE BLVD #501
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEFFNER, LINDA C/O I REISS & SON 200 EAST 61ST ST STE 29F NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, ROBERTA C/O I REISS & SON 200 EAST 61ST ST STE 29F NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Sinda Heffner 1-7-05 212-697-4458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #