

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003449**

1. Entity Name  
WN28, LLC



Principal Place of Business  
3333 WEST KENNEDY BLVD., SUITE 206  
TAMPA, FL 33609

Mailing Address  
3333 WEST KENNEDY BLVD., SUITE 206  
TAMPA, FL 33609



01042005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3634600

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CURTIS, ROBERT T  
3333 WEST KENNEDY BLVD., SUITE 206  
TAMPA, FL 33609

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CURTIS, ROBERT T  
STREET ADDRESS 3333 W KENNEDY BLVD., STE 206  
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGR  
NAME CURTIS, WILLIAM P  
STREET ADDRESS 3333 W KENNEDY BLVD., STE 206  
CITY-ST-ZIP TAMPA, FL 33609

TITLE  
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L00000216542  
02/05/05-80051-022 50.00

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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:** **ROBERT T CURTIS** **2-1-05** **813-875-6324**

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

Date

Daytime Phone #