## 2007 LIMITED LIABILITY COMPANY

## FILED **ANNUAL REPORT** Apr 04, 2007 08:00 All Secretary of State **DOCUMENT # L00000004780** 1. Entity Name WARD, L.L.C. Principal Place of Business Mailing Address 126 CARIBBEAN KEY 126 CARIBBEAN KEY KEY LARGO, FL 33037 KEY LARGO, FL 33037 03152007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1176270 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent **BOHATCH, JOHN S** DO NOT WRITE 2600 DOUGLAS ROAD **PENTHOUSE 8** IN THIS SPACE CORAL GABLES, FL 33134 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 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE WARD, JOSEPH NAME STREET ADDRESS 126 CARIBBEAN KEY CITY-ST-ZIP KEY LARGO, FL 33037 U000000688969 MLE 04/11/07-80017-010 50.00 NAME STREET ADDRESS CITY-ST-ZIP TIME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #