2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L01000000716

Entity Name: WSG, LLC

Current Principal Place of Business:

950 NORTH COLLIER BLVD., SUITE 201
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

950 NORTH COLLIER BLVD., SUITE 201
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 65-1077385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, FREDERICK C
950 NORTH COLLIER BLVD., SUITE 201
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GORSKI, WILLIAM S
Address: 1412 NORTH GRIFFITH BLVD.
City-St-Zip: GRIFFITH, IN 46319

Title: MGR ( ) Delete
Name: GORSKI, MARGARET G
Address: 1412 NORTH GRIFFITH BLVD.
City-St-Zip: GRIFFITH, IN 46319

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GORSKI, WILLIAM S
Address: 1303 CHARLEVOIX WAY
City-St-Zip: SCHERERVILLE, IN 46375 US

Title: MGR (X) Change ( ) Addition
Name: GORSKI, MARGARET G
Address: 1303 CHARLEVOIX WAY
City-St-Zip: SCHERERVILLE, IN 46375 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM S. GORSKI MGR 04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date