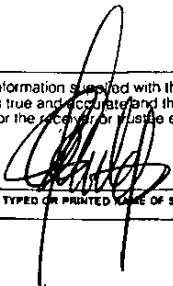


FILED
May 11, 2006 8:00 am
Secretary of State

04-27-2006 90021 011 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000005172					
1. Entity Name WJM REAL ESTATE LLC					
Principal Place of Business 3420 NW 7 ST MIAMI, FL 33125			Mailing Address 3420 NW 7 ST MIAMI, FL 33125		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent MONTEJO, WILFREDO 3420 NW 7 ST MIAMI, FL 33125				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MONTEJO, WILFREDO			NAME	
STREET ADDRESS	3496 N.W. 7TH ST.			STREET ADDRESS	3420 NW 7 ST
CITY-STATE-ZIP	MIAMI, FL 33125			CITY-STATE-ZIP	MIAMI FL 33125
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MONTEJO, BARBARA			NAME	
STREET ADDRESS	3496 N.W. 7TH ST.			STREET ADDRESS	3420 NW 7 ST
CITY-STATE-ZIP	MIAMI, FL 33125			CITY-STATE-ZIP	MIAMI FL 33125
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
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 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: 				03/29/06 (305) 649 3312	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone *	