



FILED
May 12, 2005 8:00 am
Secretary of State

04-20-2005 90030 036 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000005245		
1. Entity Name WTA, L.L.C.		
Principal Place of Business P.O. BOX 2393 STUART, FL 34995	Mailing Address P.O. BOX 2393 STUART, FL 34995	
DO NOT WRITE IN THIS SPACE		
		30006051 
		01102005 No Chg-LLC CR2E083 (10/03)
4. FEI Number 65-1111385		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		
AYDELOTTE, W. THOMAS 628 N.E. ALICE ST. JENSEN BEACH, FL 34957 <i>P.O. Box 2393 STUART, FL 34995</i> <i>771 MacArthur Blvd, STUART, FL 34996</i>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AYDELOTTE, TOM 528 N.E. ALICE STREET STUART, FL 34957 <i>P.O. Box 2393 STUART, FL 34995</i>	DO NOT WRITE IN THIS SPACE
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)(l), 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: <i>[Signature]</i>		4/13/05 772-223-3646
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>