


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90028 029 \*\*\*\*50.00

<b>DOCUMENT # L01000010108</b> 1. Entity Name WD REALTY SERVICES LLC	
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Principal Place of Business  
601 ELKCAM CIRCLE EAST  
SUITE ~~A-13~~ **A-3**  
MARCO ISLAND, FL 34145

Mailing Address  
~~1203 WHITEHEART AVENUE~~  
MARCO ISLAND, FL 34145

**DO NOT WRITE IN THIS SPACE**



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1124507	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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

HAUBER, ROLAND  
1203 WHITEHEART AVENUE  
MARCO ISLAND, FL 34145

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	COMPTON, BARBARA
STREET ADDRESS	8095 PALOMINO DRIVE
CITY-ST-ZIP	NAPLES, FL 34113

TITLE	MGRM
NAME	HAUBER, ROLAND
STREET ADDRESS	1203 WHITEHEART AVE.
CITY-ST-ZIP	MARCO ISLAND, FL 34113

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Barbara Compton*

5/27/05

239-389-1946

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

Date

Daytime Phone #