

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013865

Entity Name: W.R.M. VENTURES, L.L.C.

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

OLD BLUE MOUNTAIN BCH RD N  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

501 GULF SHORE DR #11  
DESTIN, FL 32541

**New Mailing Address:**

320 KILLARNEY RD  
NICEVILLE, FL 32578

FEI Number: 59-3740044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELLBORN, JOHN W  
501 GULF SHORE DR #11  
DESTIN, FL 32541

**Name and Address of New Registered Agent:**

MCCORMICK, SCOTT  
320 KILLARNEY RD  
NICEVILLE, FL 32578

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: W. SCOTT MCCORMICK

04/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: WELLBORN, JOHN W  
Address: 501 GULF SHORE DR #11  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCCORMICK, SCOTT  
Address: 320 KILLARNEY RD  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 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: W. SCOTT MCCORMICK

MGRM

04/28/2004

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