

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000014915**

1. Entity Name  
**WBTA RENTALS, LLC**



Principal Place of Business  
**1070 NE 45TH STREET  
FT. LAUDERDALE, FL 33334-3812**

Mailing Address  
**1070 NE 45TH STREET  
FT. LAUDERDALE, FL 33334-3812**



01072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1142133**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**DALE, CHARLES S  
414 NE 4 STREET  
FT. LAUDERDALE, FL 33301-1152**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WINNINGHAM, JOHN H  
1070 NE 45TH STREET  
FORT LAUDERDALE, FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BUNDY, BOYD H  
1070 NE 45TH STREET  
FORT LAUDERDALE, FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TICE, JOHN E  
1070 NE 45TH STREET  
FORT LAUDERDALE, FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000180253  
01/13/05-80052-017 50.00

**DO NOT WRITE  
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)(f), 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 organizer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

**1/10/04**

Date

**954 771-8900**

Daytime Phone #