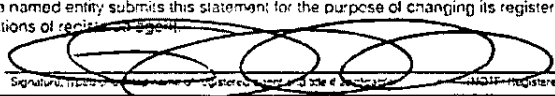
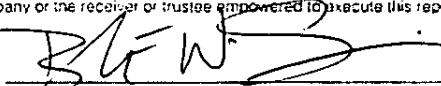


FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90305 028 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000016767			
1. Entity Name W.M., LLC			
Principal Place of Business 223 PERUVIAN AVE. PALM BEACH, FL 33480		Mailing Address 13220 COMPTON RD CLIFTON, VA 20124	
2. Principal Place of Business - No P.O. Box # 4420 BEACON CIRCLE		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State WEST PALM BEACH, FL		City & State	
Zip 33407	Country USA	Zip	Country
4. FEI Number 02-0550753		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BROBERG, GUSTAVE T JR. 223 PERUVIAN AVE. PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Conrad Damon, Esq. Street Address (P.O. Box Number is Not Acceptable) 4420 Beacon Circle City West Palm Beach FL Zip Code 33407	
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  DATE 4/10/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILKINSON, DOUGLAS E MR 13220 COMPTON RD CLIFTON, VA 20124 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAGER, CARIE C DR 13220 COMPTON RD CLIFTON, VA 20124 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NITA WILKINSON 88 COUNTRY CLUB RD. SHALIMAR, FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  20 APR 07 703-830-9101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day, Date Phone #			