


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000017968 1. Entity Name WRT ASSOCIATES, LLC	
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Principal Place of Business 1601 BELVEDERE ROAD 407 SOUTH WEST PALM BEACH, FL 33406 US	Mailing Address 1601 BELVEDERE ROAD 407 SOUTH WEST PALM BEACH, FL 33406 US
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1145477	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

MEYER, WILLIAM A  
1601 BELVEDERE ROAD  
407 SOUTH  
WEST PALM BEACH, FL 33406

**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.

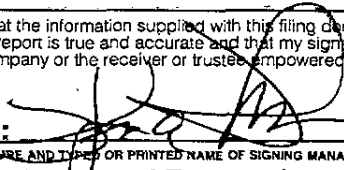
**Filing Fee is \$50.00  
Due by May 1, 2004**

L00000079695  
03/08/04-80079-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, WILLIAM A 1601 BELVEDERE RD., STE. 407 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JABARA, RICHARD 7 KENOSIA AVE., STE. 2A DANBURY, CT 06810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:**  **William A. Meyer** March 1, 2004 561-689-6602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #