


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017968**  
 1. Entity Name  
**WRT ASSOCIATES, LLC**



<b>Principal Place of Business</b>	<b>Mailing Address</b>
1601 BELVEDERE ROAD 407 SOUTH WEST PALM BEACH, FL 33406 US	1601 BELVEDERE ROAD 407 SOUTH WEST PALM BEACH, FL 33406 US

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1145477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006**

**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	

**DO NOT WRITE IN THIS SPACE**

04/11/06-80036-003 50.00

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 of the recorder 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