


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90025 024 \*\*\*\*50.00

<b>DOCUMENT # L01000022315</b>	
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1. Entity Name  
**WAMAG L.L.C.**

Principal Place of Business <b>6416 SPINNAKER BLVD. ENGLEWOOD, FL 34224</b>	Mailing Address <b>P.O. BOX 1707 ENGLEWOOD, FL 34295-1707</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**01-0549848**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGUIRE, RONALD L  
6416 SPINNAKER BLVD.  
ENGLEWOOD, FL 34224**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstalling)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCGUIRE, RONALD L	
STREET ADDRESS	P.O. BOX 1707	
CITY-ST-ZIP	ENGLEWOOD, FL 342951707	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WAMPLER, DAVID R	
STREET ADDRESS	P.O. BOX 1707	
CITY-ST-ZIP	ENGLEWOOD, FL 342951707	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGuire, Ronald	
STREET ADDRESS	18 Bunker Place	
CITY-ST-ZIP	Rotonda West FL 33947	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wampler, David	
STREET ADDRESS	350 W. River Rd	
CITY-ST-ZIP	Venice FL 34293	

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lehrer, Richard	
STREET ADDRESS	11600 Langhorne CT	
CITY-ST-ZIP	Tampa FL 33647	

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dickinson, Scott	
STREET ADDRESS	6224 Greenwich Dr	
CITY-ST-ZIP	Tampa FL 33647	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

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

**Ronald L. McGuire 4/12/04**

Date

**(941)473-7100**

Daytime Phone #