

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022315

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: WAMAG L.L.C.

**Current Principal Place of Business:**

13435 S MCCALL RD  
UNIT 16 / PMB 393  
PORT CHARLOTTE, FL 33981 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JACK O. HACKETT II  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

FEI Number: 01-0549848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HACKETT, JACK O II  
99 NESBIT STREET  
ROTONDA WEST, FL 33947 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGUIRE, RONALD L  
Address: 18 BUNKER PLACE  
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: MMBR (X) Delete  
Name: WAMPLER, DAVID R  
Address: 350 N. RIVER RD  
City-St-Zip: VENICE, FL 34293 US

Title: MMBR (X) Delete  
Name: LEHRER, RICHARD  
Address: 16001 LONGHORNE CT  
City-St-Zip: TAMPA, FL 33647 US

Title: MMBR (X) Delete  
Name: DICKINSON, SCOTT  
Address: 6224 GREENWICH DR  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD L. MCGUIRE

MGR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date