

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001032

Entity Name: WEE BUT 'N' BEN, L.L.C.

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 33401

## **Current Mailing Address:**

515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 33401

## **New Principal Place of Business:**

515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 334014343

## **New Mailing Address:**

515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 334014343

FEI Number: 03-0514344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'CONNELL, BRIAN M ESQ.  
515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 33401 US

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

O'CONNELL, BRIAN M ESQ.  
515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 334014343 US

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:

02/03/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DERRICK, CLIFTON J II  
Address: 3116 PRINCETON WAY  
City-St-Zip: ANCHORAGE, AK 995084437

I hereby 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: CLIFTON J DERRICK II

MGR

02/03/2011

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