2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000011400

1. Entity Name
W&I, L.L.C.

Principal Place of Business	Mailing Address
7331 OFFICE PARK PLACE SUITE 200 VIERA, FL 32940	7331 OFFICE PARK PLACE SUITE 200 VIERA, FL 32940

DO NOT WRITE IN THIS SPACE

03222004No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
02-0606755	Not Applicable

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

6. Name and Address of Current Registered Agent

RENFRO, ROBERT M
7331 OFFICE PARK PLACE
SUITE 200
VIERA, FL 32940

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000126999
04/23/04-80057-016 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RENFRO, ROBERT M
STREET ADDRESS	7331 OFFICE PARK PLACE SUITE 200
CITY-ST-ZIP	VIERA, FL 32940
TITLE	MGRM
NAME	EULER, ERNIE
STREET ADDRESS	7331 OFFICE PARK PLACE SUITE 200
CITY-ST-ZIP	VIERA, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #