2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # L02000013314 1. Entity Name WKH ENTERPRISES, L.L.C. Mailing Address Principal Place of Business 1800 MARINA CIRCLE 1800 MARINA CIRCLE NORTH FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33903 04062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-3685127 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KELLY, DANIEL DO NOT WRITE 1800 MARINA CIRCLE NORTH FORT MYERS, FL 33903 IN THIS SPACE 3. 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. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9 __U00000500547 U4/25/06 80026-019 50.00 TITLE KELLY, DANIEL M NAME 1800 MARINA CIR. STREET ADDRESS NORTH FORT MYERS, FL 33903 CITY-ST-ZIP NAME STREET ADDRESS EITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7177.E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-IP TITLE NAME STREET ADDRESS CITY-ST-ZIP his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the impowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with indicated on this report is true and securate and limited liability company or the receive or trustee

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