


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90068 037 \*\*\*138.75

<b>DOCUMENT # L02000013314</b>	
1. Entity Name <b>WKH ENTERPRISES, L.L.C.</b>	

Principal Place of Business <b>1800 MARINA CIRCLE NORTH FORT MYERS, FL 33903</b>	Mailing Address <b>1800 MARINA CIRCLE NORTH FORT MYERS, FL 33903</b>
---	---

60004138



2. Principal Place of Business - No P.O. Box # <b>1949 SE 37th Street</b>	3. Mailing Address <b>1949 SE 37th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State <b>Cape Coral, FL</b>	City & State <b>Cape Coral, FL</b>
Zip <b>33904</b>	Country <b>USA</b>

4. FEI Number <b>04-3685127</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent <b>KELLY, DANIEL 1800 MARINA CIRCLE NORTH FORT MYERS, FL 33903</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1949 SE 37th Street</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b>
---	---

5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
---

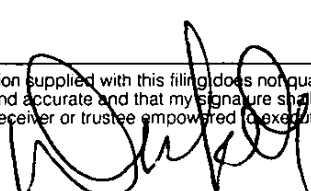
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KELLY, DANIEL M 1800 MARINA CIR. NORTH FORT MYERS, FL 33903</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1949 SE 37th Street Cape Coral, FL 33904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **1/25/08** **Date** **Daytime Phone #**