2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015526

1. Entity Name
WR ENTERPRISES, LLC

Principal Place of Business	Mailing Address
3815 NORTH US HWY 1 SUITE 67 COCOA, FL 32926	3815 NORTH US HWY 1 SUITE 67 COCOA, FL 32926

DO NOT WRITE IN THIS SPACE

03282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0557243
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHARFENBERG, WILLIAM E
3815 NORTH US HWY 1
SUITE 67
COCOA, FL 32926

DO NOT WRITE IN THIS SPACE

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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	REMENTER, CALVIN J
STREET ADDRESS	3815 NORTH US HWY 1, SUITE 67
CITY-ST-ZIP	COCOA, FL 32926
TITLE	MGR
NAME	SCHARFENBERG, WILLIAM E
STREET ADDRESS	3815 NORTH US HWY 1, SUITE 67
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000485383
04/12/06-80081-011 50.00

DO NOT WRITE IN THIS SPACE

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: Calvin Rementer Calvin J Rementer 3/28/06 (321) 636-8011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #