2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000027389

1. Entity Name
WS ACQUIREMENT, LLC

Principal Place of Business	Mailing Address
801 SOUTH OCEAN BLVD. DELRAY BEACH, FL 33483	801 SOUTH OCEAN BLVD. DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

02282004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
36-8381584	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

U00000086200
03/12/04--80013-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SWANLY, WILLIAM C
STREET ADDRESS	801 SOUTH OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   3/2/04   518-884-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE William C.   Date   Daytime Phone #

Swanly, Managing Member