2007 LIMITED LIABILITY COMPANY

Mar 08, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L02000028332 03-08-2007 90190 036 ****50 00 WOCBERRY, LLC Principal Place of Business Mailing Address 00021815 2095 N.E. 30TH ROAD 2095 N.E. 30TH ROAD BOCA RATON, FL 33431 BOCA RATON, FL 33431 02192007 No Chq-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3663381 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHROEDER AND LARCHE, P.A. DO NOT WRITE 120 EAST PALMETTO PARK ROAD, SUITE 150 BOCA RATON, FL 33432 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, typed or bringeg 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, 2007 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE NAME WOCHNA, GERALD M STREET ADDRESS 2095 NW 30TH RD. CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 Encurate 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 flability company or true records or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

RINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED