

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90061 004 ****55.00

DOCUMENT # L02000030911

1. Entity Name

WVB INVESTORS, LLC



Principal Place of Business

2030 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address

2030 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH FL 32082

44001047



MOORE

CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

71-0312986

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, RETO J
2080 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name SCHNEIDER, RETO J.

Street Address (P.O. Box Number is Not Acceptable)

371 13TH STREET

City ATLANTIC BEACH

FL

Zip Code 32233

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SCHNEIDER, RETO J
STREET ADDRESS 2030 OAK HAMMOCK DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082-3712

TITLE MGRM ☐ Delete
NAME ALBUS, WOLFGANG
STREET ADDRESS 3051 MAPLE DRIVE
CITY-ST-ZIP ATLANTA GA 30305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME SCHNEIDER, RETO J.
STREET ADDRESS 371 13TH STREET
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE MGRM ☒ Change ☐ Addition
NAME ALBUS WOLFGANG
STREET ADDRESS ~~2030 OAK HAMMOCK DRIVE~~ 371 13TH STREET
CITY-ST-ZIP ~~PONTE VEDRA BEACH, FL 32082-3712~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

[Signature] (RETO J. SCHNEIDER)

8-29-2004

Date

Daytime Phone #

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

(404) 915-9557
(904) 280-4070