2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034665

1. Entity Name W/B ORLANDO OFFICE 1 GP, LLC

FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE/

Mailing Address

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

2665 S. BAYSHORE DR., STE. 1002 MIAMI, FL 33133

2665 S. BAYSHORE DR., STE, 1002 MIAMI, FL 33133



04132004 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

4. FEI Number Applied For 59-3763556 Not Applicable \$5.00 Additional \Box

5. Certificate of Status Desired

Fee Required

305-817-7342

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER, ET AL C/O RICHARD E SCHATZ 150 W FLAGLER ST., STE. 2200 MIAMI, FL 33130

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. Lam 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
	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
BILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISER, WARREN 2665 S. BAYSHORE DR., STE. 2200 MIAMI, FL. 33133		000300141681 64730704-80017-024 -0.4, 6 DO NOT WRITE
RTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, CAROL 2665 S. BAYSHORE DR., STE. 2200 MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not of lon this report is true and accurate and that my signature stability company or the society or trustee empowered to exercise to the society of the so	qualify for the exemption stated in Section 119.07(3) will have the same legal effect as if made under oath oute this report as required by Chapter 608, Florida	Florida Statutes. I further certify that the information that I am a managing member or manager of the Statutes.