2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000034665

1. Entity Name

W/B ORLANDO OFFICE 1 GP, LLC



FILED May 04, 2006 8:00 am Secretary of State

05-04-2006 90027 044 ****50.00

В	rinalı	201	عمداد	~4	n.,	<u></u>	

Mailing Address

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

-MIAMI, FL 33133

2665 S. BAYSHORE DR., STE. 1002.

CORAL GABLES, 7L. 33134 CORAL GABLES, 7L 33134



DO NOT WRITE IN THIS SPACE

04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3763556

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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	e 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	e obligations of registered agent.	. ,

(NOTE: Registered Agent signature required when reinstating)

Filing Fee 6 \$50.00 Due by May 1, 2006

9. ,	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WEISER, WARREN
STREET ADDRESS	2665 S. BAYSHORE DR., STE. 2200
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGRM /
NAME	BROOKS, CAROL
STREET ADDRESS	2665 S. BAYSHORE DR., STE. 2200
CtTY-ST-ZIP	MIAMI, FL 33133
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-7IP	

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 grahe receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

WHHREH P.WEISED