FILED 2005 LIMITED LIABILITY COMPANY Apr 11, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L02000034694 1. Entity Name WSC REALTY ADVISORS, LLC Mailing Address Principal Place of Business. 600 5TH AVENUE SOUTH 600 5TH AVENUE SOUTH SUITE 210 SUITE 210 NAPLES, FL 34102 US NAPLES, FL 34102 US 04042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 75-3092481 M 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WASMER, MARTIN M 600 5TH AVENUE SOUTH

DO	NOT	WRITE
IN	THIS	SPACE

Applied For

\$5.00 Additional

Fee Required

Not Applicable

NAPLES, FL 34102			IN THIS STACE		
			And the state of t		
	named entity submits this statement for the purpose of char clons of registered agent.	nging its registere	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and fille it applicable	(NOTE Registered	d Agent signature required when reinstating) DATE		
Fi D:	iling Fee is \$50.00 ue by May 1, 2005		■ U00000299294		
9.	MANAGING MEMBERS/MANAGERS		04/11/05-80103-003 55.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASMER, MARTIN M MGRM 600 5TH AVENUE SOUTH, SUITE 210 NAPLES, FL 34102	, <u></u>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	DO NOT WRITE		
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11. I hereby of indicated limited lia	certify that the information supplied with this filing does not o on this report is true and accurate and that my signature sh billy company of the receiver or trustee empowered to exec	qualify for the exem all have the same oute this report as	mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath, that I am a managing member or manager of the s required by Chapter 608, Florida Statutes.		

I hereby certify that the information supplied with this filling does not duality for the exemption stated in section 114.04(3)(1), Florida statetes, Florid
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
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SIGNATURE:	Marchy.	V OV IVI	MULA V	
			NAGING MEMBER, OR AUTHORIZE	D REPRESENTATIVE

MARY - M. Hlann -

SUITE 210