

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002782

FILED
Apr 24, 2006
Secretary of State

Entity Name: WARD, CLARK & HASSELMANN, L.L.C.

Current Principal Place of Business:

551 SE 8TH STREET, SUITE 500
DELRAY BEACH, FL 334835008

New Principal Place of Business:

Current Mailing Address:

551 SE 8TH STREET, SUITE 500
DELRAY BEACH, FL 334835008

New Mailing Address:

FEI Number: 32-0056697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERKLE, WILLIAM R
1901 SOUTH CONGRES AVE
SUITE 120
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WARD, DAN W
Address: 10 COLONIAL CLUB DRIVE APT. 305
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM () Delete
Name: CLARK, HERMAN E
Address: 510 S. 13TH PLACE
City-St-Zip: LANTANA, FL 33462

Title: MGRM () Delete
Name: HASSELMANN, DONALD M
Address: 857 BIRGHTWOOD WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HERMAN E. CLARK

MGMB

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date