


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90103 029 ****50.00

DOCUMENT # L03000004463	
1. Entity Name WABASSO PROPERTIES, LLC	

Principal Place of Business 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963	Mailing Address 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963
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2. Principal Place of Business 706 Silver Shores Rd.	3. Mailing Address P.O. Box 4366
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach, Florida	City & State Vero Beach, Florida
Zip 32963	Country USA
Zip 32964	Country USA

6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W ESQ. C/O COLLINS, BROWN, CALDWELL, ET AL 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963	
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04282005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 57-1154552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name Ferg Peters Jr. Street Address (P.O. Box Number is Not Acceptable) P.O. Box 4366 / 706 Silver Shores Rd. Vero Beach, Fla. / Vero Beach Fla. City 32964 FL Zip Code 32963	
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 <u>Ferg Peters Jr. owner</u> <u>Ferg Peters Jr.</u> <u>4/29/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERS, FERGUSON E JR 706 SILVER SHORES ROAD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Ferg Peters Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <u>4/29/05</u> Daytime Phone # <u>772-633-6996</u>