

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90063 019 ***138.75

DOCUMENT # L03000005673 1. Entity Name WK3 COMMERCIAL PROPERTIES, LLC			
Principal Place of Business 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 US		Mailing Address 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 US	
2. Principal Place of Business - No P.O. Box # 12557 EQUINE LN Suite, Apt. #, etc.		3. Mailing Address 12557 EQUINE LN Suite, Apt. #, etc.	
City & State Wellington, FL Zip 33414 Country		City & State Wellington, FL Zip 33414 Country	
4. FEI Number 20-5342207		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLER, GLENN 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Weller, Glenn R Street Address (P.O. Box Number is Not Acceptable) 12557 EQUINE LN City Wellington FL Zip Code 33414	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/5/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM W.W. DEVELOPMENT GROUP, INC. 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12557 EQUINE LN Wellington, FL 33414 <input checked="" 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  G. Weller <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2/5/08 <small>Daytime Phone #</small>	