2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 21, 2005 08:00 AM DOCUMENT # L03000006860 **Secretary of State** 1. Entity Name WS 45, LLC Principal Place of Business Mailing Address **3034 GORDON DRIVE 3034 GORDON DRIVE** NAPLES, FL 34102 NAPLES, FL 34102 01192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAVIELLO, MICHAEL A JR., ESQ DO NOT WRITE 1025 FIFTH AVENUE NORTH NAPLES, FL 34102 IN THIS SPACE 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. 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 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CHESTERTON, ARTHUR W HH0000189540 NAME 01/24/05-80097-011 50.00 STREET ADDRESS 3034 GORDON DRIVE NAPLES, FL 34102 CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY -ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CRTY - ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 flability company or the receiver or trustee employeed to execute this report as required by Chapter 608, Florida Statutes.

TYPED OF PHINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

SIGNATURE: