

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

05-04-2004 90022 046 ****50.00

DOCUMENT #L03000010846 1. Entity Name WABCO PROPERTIES, LLC			
Principal Place of Business 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751		Mailing Address 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751	
2. Principal Place of Business <i>1053 MAITLAND CNTR COMMS</i>		3. Mailing Address <i>1053 MAITLAND CNTR COMMS</i>	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State MAITLAND, FL		City & State MAITLAND, FL	
Zip 32751		Zip 32751	
Country ORANGE		Country ORANGE	
4. FEI Number 27-0051766		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 WALKER, BERRY J JR 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, BERRY J JR 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751 <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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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
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:		APR 28 2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	