2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # L03000010846 1. Entity Name WABCO PROPERTIES, LLC Plincipal Place of Business Mailing Address 1053 MAITLAND CNTR COMMONS 200 1053 MAITLAND CNTR COMMONS 200 MAITLAND, FL 32751 MAITLAND, FL 32751 01042005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0051766 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, BERRY J JR DO NOT WRITE 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751 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 ered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent stansture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE WALKER, BERRY J JR NAME STREET ADDRESS 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/63

478-1866

Daytime Phone #

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