2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
2005 APR 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000011741

1. Entity Name
WB CONSTRUCTION MANAGEMENT, LLC

Principal Place of Business	Mailing Address
161 SW PALM DRIVE UNIT 102 PORT ST. LUCIE, FL 34986 US	161 SW PALM DRIVE UNIT 102 PORT ST. LUCIE, FL 34986 US

04182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
113 S.W. DONNA TERRACE	113 S.W. DONNA TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE, FLORIDA	City & State: PORT ST. LUCIE, FLORIDA
Zip: 34984 Country: USA	Zip: 34984 Country: USA

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURSIEK, TIMOTHY
161 SW PALM DRIVE
UNIT 102
PORT ST. LUCIE, FL 34986

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 Timothy W Bursiek 4.18.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BURSIEK, TIMOTHY 161 SW PALM DRIVE PORT ST. LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TODD FIRST 5206 S.E. Schooner Oaks Way STUART, Fla. 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200054305982 05/12/05--01006--013 **55.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Timothy W Bursiek 4.18.05 772-528-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #