

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011741

FILED
Apr 29, 2008
Secretary of State

Entity Name: WB CONSTRUCTION MANAGEMENT, LLC

Current Principal Place of Business:

113 S.W. DONNA TERR.
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

113 S.W. DONNA TERR.
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

FEI Number: 30-0164102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURSIEK, TIMOTHY
113 SW DONNA TERR
PORT ST. LUCIE, FL 34984 US

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.

SIGNATURE: TIMOTHY BURSIEK

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURSIEK, TIMOTHY
Address: 161 SW PALM DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM () Delete
Name: FIRST, TODD
Address: 5206 S.E. SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURSIEK, TIMOTHY
Address: 113 SW DONNA TERR
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: MGRM (X) Change () Addition
Name: BURSIEK, SHARON
Address: 113 SW DONNA TERRACE
City-St-Zip: PORT ST LUCIE, FL 34984 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 BURSIEK

MGMR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date