


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000011863**


1. Entity Name  
 315 WILDWOOD LANE, LLC



Principal Place of Business      Mailing Address

201 S.E. 24TH AVENUE      201 S.E. 24TH AVENUE  
 POMPANO BEACH, FL 33062 US      POMPANO BEACH, FL 33062 US

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 82-0573074	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WITTE, LARRY F  
 201 S.E. 24TH AVENUE  
 POMPANO BEACH, FL 33062

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, hand or printed name of registered agent and the LLC or LLC.      (NOTE: Registered Agent signature required when re-appointing)      DATE

**Filing Fee is \$50.00 Due by May 1, 2007**

1000000654937  
 03/13/07-80083-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OAPP CORPORATION, INC. 5007 LINCOLN AVENUE #107 LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included 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:**  **2/26/07** **630 829 5429**

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #