

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000017666 1. Entity Name WAMO, LLC				Apr 09, 2005 08:00 AM Secretary of State	
Principal Place of Business C/O CONDON MEEK INC. 1211 COURT STREET CLEARWATER, FL 33756		Mailing Address C/O CONDON MEEK INC. 1211 COURT STREET CLEARWATER, FL 33756			
DO NOT WRITE IN THIS SPACE				03312005 No Chg-LLC CR2E083 (10/03)	
				4. FEI Number 56-2384611 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAYMOND, J. PAUL 625 COURT STREET, STE. 200 CLEARWATER, FL 33756		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005					
9. MANAGING MEMBERS/MANAGERS		1100000296350 04/09/05-80066-004 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEEK, JOHN 1211 COURT STREET CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILCOX, DAVID 28 SANIBEL DR FAIRPORT, NY 14450				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: 		4/5/05 800-843-2309			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			