2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000022882

1. Entity Name
WMFG HOLDINGS, LLC



Principal Place of Business

6416 SPINNAKER BLVD. ENGLEWOOD, FL 34224

US

Mailing Address

P.O. BOX 1707

ENGLEWOOD, FL 34295 US

FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90220 047 ****50.00

20032004



02032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0059903

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

RILEY, STEVEN P ESQ 4805 W. LAUREL STREET 230

TAMPA, FL 33607

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	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. the obligations of registered agent.	I am familiar with, and	accept
016	ONATURE.		

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCGUIRE, RONALD
STREET ADDRESS	18 BUNKER PLACE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	MEMB
NAME	WAMPLER, DAVID R
STREET ADDRESS	350 N RIVER RD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby of indicated	certify that the information supplied with this filing does not qualify for the ex on this report is true and accurate and that my signature shall have the sai

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11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this point as required by Chapter 608, Florida Statutes.

SIGNATURE

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

4/8/05

941-473-7100

Daytime Phone #