

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023319

FILED
May 01, 2006
Secretary of State

Entity Name: WDM, LLC

Current Principal Place of Business:

6036 PALOMAGLADE DR
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

P O BOX 483
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 90-0224897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDRA ZACHOW SALVEGGI CPA PA
6740 CROSSWINDS DRIVE N
SUITE L-1
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

ANDRA ZACHOW SALVEGGI CPA PA
6740 CROSSWINDS DRIVE N
SUITE L-2
SAINT PETERSBURG, FL 33710 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: ANDRA SALVEGGI

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUESSENBERRY, MARTIN
Address: 6036 PALOMA GLADE DRIVE
City-St-Zip: LITHIA, FL 33547

Title: MGR () Delete
Name: QUESSENBERRY, MARLENA
Address: 6036 PALOMA GLADE DRIVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTIN QUESSENBERRY

MGR

05/01/2006

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