


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 017 ****50.00

DOCUMENT # L03000027725	
1. Entity Name WMA PROPERTIES, LLC	

Principal Place of Business 290 CLYDE MORRIS BLVD., B2 ORMOND BEACH, FL 32174	Mailing Address 290 CLYDE MORRIS BLVD., B2 ORMOND BEACH, FL 32174
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2. Principal Place of Business - No P.O. Box # 1890 LPGA Blvd	3. Mailing Address 1890 LPGA Blvd
Suite, Apt. #, etc. Suite 230	Suite, Apt. #, etc. Suite 230
City & State Daytona Beach, FL	City & State Daytona Beach, FL
Zip 32117	Country USA

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0117480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RUST, JAMES W 290 CLYDE MORRIS BLVD., B2 ORMOND BEACH, FL 32174	7. Name and Address of New Registered Agent Name Rust, James W Street Address (P.O. Box Number is Not Acceptable) 1890 LPGA Blvd Suite 230 City Daytona Beach, FL Zip Code 32117
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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.

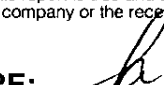
SIGNATURE  **JAMES W RUST** DATE **4-27-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUST, JAMES 94 NORTH BEACH ST ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brian O'Dwyer 1075 Oceanshore Dr. Unit 201 Ormond Beach, FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUST, MELYNNE 94 NORTH BEACH ST ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Harry Black 1075 Oceanshore Dr. Unit 201 Ormond Beach, FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **JAMES RUST** DATE **4-27-07** DAYTIME PHONE # **386 5894372**

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