## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2007 8:00 am Secretary of State

1. Entity Name	WENT # LU3000028 PROPERTIES, LLC				04-24-2007 90	111 026 *	***50.00	)	
Principal Place 9 SUNSHINE ORMOND BE		Mailing Address 9 SUNSHINE BLVD. ORMOND BEACH, FL 32174					u		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Number 20-0161689			Applied For Not Applicable	
Zip	Country	Zip			5. Certificate of Status Desired S5.00 Additional Fee Required			itional	
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
SKOW, JAMES 9 SUNSHINE BLVD. ORMOND BEACH, FL 32174				Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
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 .									l
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							e check pa a Departme		3
9.			10.			ADDITIONS	/CHANGES		
TITLE	MGRM			i i				☐ Change	☐ Addition
NAME STREET ADDRESS	1		NAME	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE	MGRM Delete 7		TITLE			<del></del>		☐ Change	☐ Addition
NAME	TUTTLE, ROBERT J		NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					Cl Addition
TITLE		☐ Delete	TITLE					Change	Addition .
STREET ADDRESS			STREE	et address					
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE		☐ Delete	TITLE	ì				Change	Addition
NAME STREET ADDRESS			NAME	et address					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME	ŀ					
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS   -ST-ZIP					
TITLE		Delete	TITLE					☐ Change	Addition
NAME		Des Derott	NAME	l					
STREET ADDRESS				ET ADDRESS		•			
CITY-ST-ZIP	<u> </u>			-ST-ZIP					
11. I hereby a indicated limited lia	certify that the information supplied with I on this report is true and accurate and ability company of the receiver or truste	n this filing does not qualify for I that my signature shall have e empowered to execute this	or the exer the same report as	mptions contained e legal effect as if r required by Chap	i in Chapter 119 made under oat oter 608, Florida	), Florida Statutes. I f th; that I am a mana a Statutes.	urther certify ging member	inat the info or manage	ormation er of the