## 2005 LIMITED LÎABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State		
DOCUMENT # L03000030236				Secre	tary of State	
1. Entity Name WEM MANAGEMENT, LLC						
Principal Plac	ce of Business.	Mailing Address				
1266 FIRST		1266 FIRST ST, STE 9				
SARASOTA,	rL 34230	SARASOTA, FL 34236				
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				NOT APPLICABLE	Not Applicable \$5.00 Additional	
				5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Curre	nt Registered Agent	<u></u>			
WAGNER, E. JOHN Í				DO NOT WOLT	· <b>c</b>	
200 SOUTH ORANGE AVE				DO NOT WRITE		
SARASOTA, FL 34236			IN THIS SPACE			
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	e named entity submits this statement tions of registered agent.	tor the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida. I ar	m familiar with, and accept	
O'ON THE						
SIGNATURE.	Signature, typed or printed name of registered ago	ent and title if applicable (NOTE, Register	ed Agent signature required	when reinstating) DATE		
F	iling Fee is \$50.00			,		
D	iling Fee is \$50.00 ue by May 1, 2005				, -	
9.	MANAGING MEM	BERS/MANAGERS	_ <u>-</u>		<u> </u>	
TITLE	MGR		-			
NAME	MADDOX, WILLIAM E					
STREET ADDRESS CITY-ST-ZIP	1266 FIRST STREET SARASOTA, FL 34236		<u>l</u>	HUUUUU	EE	
TITLE			<b></b>	U000003154 04/19/05-8003	5-015 55 00	
NAME				20, 25, 25, 55,	~ 010 00,00	
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title Name						
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CITY-ST-ZIP	_	e ver a see			,	
TITLE			1			
NAME STREET ADDRESS						

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: WILLIAM B. WAGSE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY+ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

4/13/05

941/955-7358