


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90026 039 ****50.00

DOCUMENT # L03000030247 1. Entity Name WAVELAND TITLE SERVICES, LLC																													
Principal Place of Business 210 S.W. OCEAN BLVD. STUART, FL 34994 US			Mailing Address 310 S.W. OCEAN BLVD. STUART, FL 34994 US																										
2. Principal Place of Business - No P.O. Box # 50 Kindred Street Suite, Apt. #, etc. Suite 201 City & State Stuart, Florida Zip 34994		3. Mailing Address 50 Kindred Street Suite, Apt. #, etc. Suite 201 City & State Stuart, Florida Zip 34994		04232007 Chg-LLC CR2E083 (12/06) 4. FEI Number 75-3131809																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent WOODS, WALTER G 310 S.W. OCEAN BLVD. STUART, FL 34994			7. Name and Address of New Registered Agent Name WALTER G. WOODS Street Address (P.O. Box Number is Not Acceptable) 2820 SE MARTIN SQ. CORP. PARKWAY City STUART FL Zip Code 34994																										
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 <u><i>Walter M. Woods</i></u> DATE <u><i>4/23/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOODS, WALTER G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>310 SW OCEAN BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34994</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	WOODS, WALTER G		STREET ADDRESS	310 SW OCEAN BLVD.		CITY-ST-ZIP	STUART, FL 34994		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">Managing Member</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Walter G. Woods</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2820 SE Martin Square Corp. Parkway</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34994</td> <td></td> </tr> </table>			TITLE	Managing Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Walter G. Woods		STREET ADDRESS	2820 SE Martin Square Corp. Parkway		CITY-ST-ZIP	STUART, FL 34994	
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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: *Walter M. Woods, Managing Member* *4/23/07* *(772) 919-2279*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #