


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000033407 1. Entity Name WOBED DEVELOPMENT, L.L.C.	
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Principal Place of Business 2109 DATE PALM WAY VENICE, FL 34292	Mailing Address 2109 DATE PALM WAY VENICE, FL 34292
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01222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1677310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DEBOW, JAMES S JR. 2109 DATE PALM WAY VENICE, FL 34292

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

1100000604409
01/29/07-80052-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEBOW, JAMES S JR. 2109 DATE PALM WAY VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEBOW, JAMES S III 2109 DATE PALM WY VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEBOW, KATE 8635 WOODLAND WALK NORTH CHARLESTON, SC 29420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEALL, MARGARET 1500 SAN YSIDRO VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 S DeBow James S DeBow 1/24/07 (941) 483-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #