

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|                                                              |                                                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000035101</b>                               |  |
| 1. Entity Name<br><b>WEALTH PRESERVATION AFFILIATES, LLC</b> |                                                                                   |

|                                                                                                     |                                                                                     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1900 NW CORPORATE BLVD., SUITE 400 EA<br/>BOCA RATON FL 33431</b> | Mailing Address<br><b>16868 ISLE OF PALMS DR. APT. #C<br/>DELRAY BEACH FL 33484</b> |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                                                       |         |                                           |         |
|-------------------------------------------------------|---------|-------------------------------------------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State                                          |         | City & State                              |         |
| Zip                                                   | Country | Zip                                       | Country |

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>RUBIN, EDWARD B<br/>16868 C ISLE OF PALM DR.<br/>DELRAY BEACH FL 33484</b> |
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|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                                           | 10. ADDITIONS/CHANGES                          |                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RUBIN, EDWARD B</b><br><b>16868 C ISLE OF PALMS DR.</b><br><b>DELRAY BEACH FL 33484</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>UD00000500455</b><br><b>04/25/06-80022-023 50.00</b><br><input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ZUCKERMAN, EDWARD S</b><br><b>3033 26TH STREET</b><br><b>FT. LAUDERDALE FL 33305</b><br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edward B. Rubin Devin 4/6/06 561-495-9559