

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90221 042 ****50.00

DOCUMENT # L03000035101																										
1. Entity Name WEALTH PRESERVATION AFFILIATES, LLC																										
Principal Place of Business 1900 NW CORPORATE BLVD., SUITE 400 EA BOCA RATON FL 33431		Mailing Address 16868 ISLE OF PALMS DR. APT. #C DELRAY BEACH FL 33484																								
2. Principal Place of Business - No P.O. Box # 200 NE 14TH AV		3. Mailing Address 200 NE 14TH AV																								
Suite, Apt. #, etc. #13 SUITE		Suite, Apt. #, etc. #13 SUITE																								
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL.																								
Zip 33301		Country BROWARD																								
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6. Name and Address of Current Registered Agent RUBIN, EDWARD B 16868 C ISLE OF PALM DR. DELRAY BEACH FL 33484		7. Name and Address of New Registered Agent Name: EDWARD S. ZUCKERMAN Street Address (P.O. Box Number is Not Acceptable): 200 NE 14TH AV SUITE 13 FT. LAUDERDALE FL 33301																								
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: <i>Edward S. Zuckerman</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																										
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																								
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																								
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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: <i>Edward S. Zuckerman</i>		EDWARD S. ZUCKERMAN																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date																								
		954-566-7551																								
		Daytime Phone #																								