


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90047 014 ****50.00

DOCUMENT # L03000038833

1. Entity Name
 WSRJ#1 LLC



Principal Place of Business
 694 OAK HOLLOW WAY
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
~~694 OAK HOLLOW WAY~~
~~ALTAMONTE SPRINGS, FL 32714~~

2. Principal Place of Business
 5717 Bear Lake Cir
 Suite, Apt. #, etc.

3. Mailing Address
 5717 Bear Lake Cir
 Suite, Apt. #, etc.

City & State
 Apopka FL

City & State
 Apopka FL

Zip
 32703

Country
 USA

Zip
 32703

Country
 USA

20039863



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 76-0745082

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HELMAN, DANIEL W
~~2431 ALAMO AVE~~
~~# 127~~
 WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 2712 Fitzrooth Dr.

City Winter Park FL Zip Code 32792

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: *Daniel W. Helman* DATE: 4/26/06

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

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, WAYNE 694 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, RACHELLE 694 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMAN, DANIEL 2431 ALAMO AVE # 127 WINTER PARK, FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5717 Bear Lake Circle Apopka FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5717 Bear Lake Cir Apopka FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2712 Fitzrooth Dr. Winter Park FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Daniel W. Helman* Date: 4/26/06 Daytime Phone #: 4076732626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #