

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041577

**FILED**  
**Mar 31, 2004**  
**Secretary of State**

**Entity Name:** WMD, LLC

**Current Principal Place of Business:**

401 E. LAS OLAS BLVD, SUITE 1510  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

401 E. LAS OLAS BLVD, SUITE 1500  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E. LAS OLAS BLVD, SUITE 1510  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

401 E. LAS OLAS BLVD, SUITE 1500  
FORT LAUDERDALE, FL 33301

**FEI Number:** 06-1713808

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

BLUTH, THOMAS M  
401 E. LAS OLAS BLVD, SUITE 1510  
FORT LAUDERDALE, FL 33301

**Name and Address of New Registered Agent:**

BLUTH, THOMAS M  
401 E. LAS OLAS BLVD, SUITE 1500  
FORT LAUDERDALE, FL 33301

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.

SIGNATURE: \_\_\_\_\_

03/31/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BLUTH, THOMAS  
Address: 401 E. LAS OLAS BLVD. SUITE 1500  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS M. BLUTH

MGR

03/31/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date