
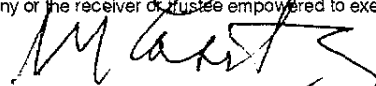


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--------------------------|---------------------------------|---|---|----------|
| DOCUMENT # L03000053553 1. Entity Name WGL, LLC | | | |  | |
| Principal Place of Business 505 SOUTH FLAGLER DR, STE 1300 WEST PALM BEACH FL 33401 | | | Mailing Address 505 SOUTH FLAGLER DR, STE 1300 WEST PALM BEACH FL 33401 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-0499045 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Applied For | | Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ALEXANDER, LARRY B 505 SOUTH FLAGLER DR, STE 1300 WEST PALM BEACH FL 33401 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LASSITER, W.G. JR. | | NAME | 100000260864 03/12/05-80042-008 50.00 | |
| STREET ADDRESS | 505 S FLAGLER DR., #1303 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | | Date: 3/10/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone #: 561-659-4422 | | |