2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90052 034 ****50.00

PARMYTARS



03092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0499045 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ALEXANDER, LARRY B

DO NOT WOITE

| 505 SOUTH FLAGLER DR, STE 1300 WEST PALM BEACH, FL 33401 | | IN THIS SPACE | | |
|---|--|--|---|--|
| 8. The above the obligat | named entity submits this statement for the purpose of chations of registered agent. | l anging its registered office or registered agent, or both, in the S | tate of Florida. I am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE | |
| Fi | iling Fee is \$50.00 ue by May 1, 2006 | | | |
| 9. TITLE " | MANAGING MEMBERS/MANAGERS MGRM LASSITER, W.G. JR. | | | |
| STREET ADDRESS CITY-ST-ZIP | 505 S FLAGLER DR. #1303 #13 00 WEST PALM BEACH, FL 33401 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NO | T WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS | IN THIS SPACE | |
| TITLE | | | | |

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 fistee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> William G. LASSITER IR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE