2006 LIMITED LIABILITY COMPANY

## FILED ANNUAL REPORT Jan 12, 2006 08:00 AM **DOCUMENT # L04000012539 Secretary of State** 1. Entity Name WM, M. PARKE, LLC Mailing Address Principal Place of Business 313 JEROME AVENUE 313 JEROME AVENUE ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 DO NOT WRITE IN THIS SPACE CR2E083 (11/05) 01072006No Chg-LLC Applied For 4. FEI Number 02-0716664 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PARKE, WILLIAM M 313 JEROME AVENUE ISLAMORADA, FL 33038 IN THIS SPACE 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 Filing Fee is \$50.00 🗸 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE PARKE, WILLIAM M NAME <u>,</u>,,,000<u>00032</u>5082 STREET ADDRESS 313 JEROME AVENUE CITY-ST-ZIP ISLAMORADA, FL 33036 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TILLE NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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 a execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP