



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90045 018 ****50.00

DOCUMENT # L04000017502 1. Entity Name W. S. ENTERPRISES, LLC					
Principal Place of Business 535 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118				Mailing Address 535 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118	
2. Principal Place of Business <i>1 CORPORATE DR.</i>		3. Mailing Address <i>1 CORPORATE DR</i>			
Suite, Apt. #, etc. <i>STE 1F</i>		Suite, Apt. #, etc. <i>STE 1F</i>			
City & State <i>PALM COAST</i>		City & State <i>PALM COAST</i>			
Zip <i>FL</i>		Zip <i>32137</i>			
Country <i>USA</i>		Country <i>FLA. 18 R</i>		4. EEI Number <i>20-0818469</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIDAWI, ELIE 535 SILVER BEACH AVE DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name <i>SIDAWI ELIE</i> Street Address (P.O. Box Number is Not Acceptable) <i>1 CORPORATE DR,</i> City <i>STE 1F</i> <i>PALM COAST</i> FL Zip Code <i>32137</i>	
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 September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIDAWI, ELIE 535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIDAWI, NADINE 535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIDAWI, GREG 535 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i>			Date <i>7/7/05</i> Daytime Phone # <i>386 646 0517</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					