

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021624

Entity Name: WAM LIMITED LLC

FILED  
Jul 13, 2005  
Secretary of State

## Current Principal Place of Business:

14541 SW 145 LANE  
MIAMI, FL 33186

## New Principal Place of Business:

300 GOLDEN ISLES DRIVE  
#216  
HALLANDALE BEACH, FL 33009

## Current Mailing Address:

14541 SW 145 LANE  
MIAMI, FL 33186

## New Mailing Address:

300 GOLDEN ISLES DRIVE  
#216  
HALLANDALE BEACH, FL 33009

FEI Number: 84-1647223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MALDONADO, ARLENE  
14541 SW 145 LANE  
MIAMI, FL 33186      US

## Name and Address of New Registered Agent:

MALDONADO, ARLENE  
300 GOLDEN ISLES DRIVE  
#216  
HALLANDALE BEACH, FL 33009      US

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: ARLENE MALDONADO

07/13/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: GOLDEN ISLE CORPORAT, ION  
Address: 14541 SW 145 LANE  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARLENE MALDONADO

MGR

07/13/2005

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