


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026434 1. Entity Name W PARC, LLC	
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Principal Place of Business 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487	Mailing Address 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



02082006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1102654	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLMAN, NANCY B 150 E. PALMETTO PARK ROAD, SUITE 750 BOCA RATON, FL 33432
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**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PECHTER, JACK H 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LORING, DAVID 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PECHTER HIMMELRICH, SHELLY 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
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05/19/06-80052-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/26/06 (54) 982-7770

Date

Daytime Phone #