2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2005 8:00 am Secretary of State

VILLAND IVEL AIVI						J		
DOCUME 1. Entity Name WF I, LLC			04-07-:	2005 9009	200277			
Principal Place of 3400 BRADENTO PANAMA CITY, FL	ON AVENUE	Mailing Address 3400 BRADENTON AVEN PANAMA CITY, FL 3240			83 61 8 88 61 8 FB	. 88 771 88 141 88 118		-
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0204	2005 Chg-LL	.c c	R2E083 (10/03)	
City & State		City & State			1 Number 20-098 1	525	- -	plied For ot Applicable
Zip	Country	Zip	Country	5. Ce	rtificate of Status De	esired [\$5.00 Add Fee Require	
	6. Name and Address of Current I	Registered Agent	· - ·	- 7. Na	me and Address o	New Regist	ered Agent	
HINES, JAME	ES P PARK AVENUE		Street A 3 City	DAULO ddress (P.O. Bo		LAMS ceptable)	ENUE 32405 FL Zip Cod	
6. The above nan	ned entity submits this statement for	the purpose of changing its re	egistered office o	r registered ager	t, or both, in the Sta	te of Florida.	Lam familiar with.	and accept
the obligations	of registered agent							
SIGNATURE Sign	valure Ayped or physical name of registered agent?	Ind title if applicable. (NOTE:	DAULO Registered Agent signa	F WIL	LIAMS, A	16R	4/4/05	
Filing Fee is \$50.00 Due by May 1, 2005						Make ch	eck payable to partment of Stat	e
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADD	ITIONS/CHA	NGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAY WORLD INCOME	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3400 8	F. WILLI RADENT	AMS ON AU	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAREN 3400 B	L. WILL RADENTON A CITY,	J ANEI	□ Change Vu E	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2349 8484	D. WILLI BRADEN A CITY	AMS TON A	Change UENUE	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	10	RADENTO		☐ Channe	Addition
			CITY-ST-ZIP	PANAN	MA CITY	FL 3	2405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PANAN	AR CITY	, FL 3.	<u>2405</u> □ Change	☐ Addition

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 eath; 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: DAVID F. WILLIAMS 4/4/05 850 - 784-773"
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylore Proces