

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000031283**

1. Entity Name  
**WILD DATE, LLC**



Principal Place of Business  
**144 40TH COURT  
VERO BEACH, FL 32968**

Mailing Address  
**144 40TH COURT  
VERO BEACH, FL 32968**



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3056298**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MORRIS, NICHOLAS  
144 40TH COURT  
VERO BEACH, FL 32968**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	REAMER, JEFF
STREET ADDRESS	9255 SW 58TH AVENUE
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	MGR
NAME	MORRIS, NICHOLAS
STREET ADDRESS	144 40TH COURT
CITY - ST - ZIP	VERO BEACH, FL 32968
TITLE	MGR
NAME	THE JACK W. MILLER AND JULIA S. MILLER FLP
STREET ADDRESS	2045 SE SAINT LUCIE BLVD.
CITY - ST - ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000599683  
01/25/07-80037-015 55.00

**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

1/12/07  
Date

Daytime Phone # \_\_\_\_\_