


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000031283</b> 1. Entity Name WILD DATE, LLC	
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Principal Place of Business 144 40TH COURT VERO BEACH, FL 32968	Mailing Address 144 40TH COURT VERO BEACH, FL 32968
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3056298	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MORRIS, NICHOLAS 144 40TH COURT VERO BEACH, FL 32968
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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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

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04/01/08-80063-001 143.75

**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

3/7/08 772-216-9993  
Date Daytime Phone #