


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90023 042 ***150.00

DOCUMENT # L04000033752			
1. Entity Name WAM, LLC		Principal Place of Business 2001 S.W. 20TH STREET, BAY 112 FORT LAUDERDALE, FL 33312	
Mailing Address 2001 S.W. 20TH STREET, BAY 112 FORT LAUDERDALE, FL 33312		20038009	
2. Principal Place of Business		3. Mailing Address <i>12720 Woodmill Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		4. FEI Number <i>26-0090439</i>	
City & State <i>Palm Beh. Gardens, FL</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country
<i>33418</i>	<i>USA</i>	<i>33418</i>	<i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOPER, WARREN S 2001 S.W. 20TH STREET, BAY 112 FORT LAUDERDALE, FL 33312		Name <i>Rhonda Baker</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>12720 Woodmill Dr.</i>	
		City <i>Palm Beh. Gardens</i> FL Zip Code <i>33418</i>	
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 <i>Rhonda Baker</i>		DATE <i>4/11/05</i>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, WARREN S 1478 S.W. 18TH TERRACE FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, MATTHEW 201 N.E. 28TH STREET BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>[Signature]</i>		DATE <i>4/15/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	