


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILE
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000043726 1. Entity Name WFH TAX CERTIFICATES - 1 LLC	
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Principal Place of Business 8960 BAY COLONY DR #502 NAPLES, FL 34108	Mailing Address 8960 BAY COLONY DR #502 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1221576	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 HURDLE, KATHLEEN C 8960 BAY COLONY DR #502 NAPLES, FL 34108

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURDLE, WILLIAM F 8960 BAY COLONY DR #502 NAPLES, FL 34108
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05/07/07-80014-024 50.00

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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: <i>Kathleen C. Hurdle</i>	4-9-07 (419)-756-8166
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>

Kathleen C. Hurdle