
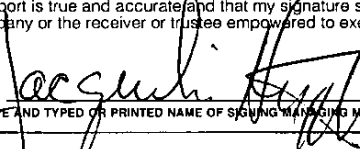


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90245 008 ****50.00

DOCUMENT # L04000045175 1. Entity Name WT HUGGETT #4, LLC					
Principal Place of Business 66 WEST FLAGLER STREET STE. 400 MIAMI, FL 33130			Mailing Address 66 WEST FLAGLER STREET STE. 400 MIAMI, FL 33130		
2. Principal Place of Business 308 ALHAMBRA CIRCLE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 308 ALHAMBRA CIRCLE <small>Suite, Apt. #, etc.</small>			
City & State CORAL GABLES FL		City & State CORAL GABLES FL		4. FEI Number 20-2812448	
Zip 33134-5004		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAUSER, TERRY V 444 BRICKELL AVENUE STE. 1000 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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 _____					
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 HUGGETT, WILLIAM 66 WEST FLAGLER STREET STE. 400 MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGGETT, JACQUELINE 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004 <input type="checkbox"/> Change <input checked="" 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	
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: 			JACQUELINE HUGGETT 3/16/05 (305) 446-1120		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		