2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000045966

1. Entity Name
WLH EQUITY, LLC

Principal Place of Business	Mailing Address
2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431	2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

02052007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
06-1728051		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, WILLIAM R
2300 GLADES ROAD, STE. 100E
BOCA RATON, FL 33431

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	MGRM
NAME	GREENFIELD, WILLIAM R
STREET ADDRESS	2300 GLADES RD STE 100E
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000662484
03/21/07-80015-004 50.00

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: _____ William R. Greenfield   2/15/07   561-392-6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #