

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90185 034 ****50.00

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01142005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000046392 1. Entity Name W-ONE PROPERTIES LLC			
Principal Place of Business 2001 SE SAILFISH POINT BLVD., UNIT 218 STUART, FL 34996		Mailing Address 2001 SE SAILFISH POINT BLVD., UNIT 218 STUART, FL 34996	
2. Principal Place of Business 1296 NE Oceanview Circle Suite, Apt. #, etc.		3. Mailing Address 1296 NE Oceanview Circle Suite, Apt. #, etc.	
City & State Jensen Beach FL. Zip 34957 Country Martin		City & State Jensen Beach FL. Zip 34957 Country Martin	
4. FEI Number 84-1648591		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SCUDERSTROM, WENDY LEE 2001 SE SAILFISH POINT BLVD., UNIT 218 STUART, FL 34996		7. Name and Address of New Registered Agent Name Wendy Lee Scuderstrom Street Address (P.O. Box Number is Not Acceptable) 1296 NE Oceanview Circle City Jensen Beach FL Zip Code 34957	
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 <u><i>Wendy Lee Scuderstrom</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR SODERSTROM, WENDY LEE <input type="checkbox"/> Delete 2001 SE SAILFISH POINT BLVD., UNIT 218 STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wendy Lee Scuderstrom <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only 1296 NE Oceanview Circle Jensen Beach FL 34957
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 <u><i>Wendy Lee Scuderstrom</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			