


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

01-23-2006 90134 004 ****50.00

DOCUMENT # L04000046392			
1. Entity Name W-ONE PROPERTIES LLC			
Principal Place of Business 1296 NE OCEANVIEW CIRCLE JENSEN BEACH, FL 34957 <i>2041 NE Collins Circle</i>		Mailing Address 1296 NE OCEANVIEW CIRCLE JENSEN BEACH, FL 34957	
2. Principal Place of Business		3. Mailing Address <i>10 Riverside Dr</i>	
City, Apt. #, etc. <i>Jensen Beach</i>		City, Apt. #, etc. <i>White Salmon</i>	
City & State <i>Fla</i>		City & State <i>WA</i>	
Zip <i>34957</i>	Country <i>USA</i>	Zip <i>98672</i>	Country <i>USA</i>
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		01072006 Chg-LLC CR2E083 (11/05)	
8. Name and Address of Current Registered Agent SODERSTROM, WENDY L 1296 NE OCEANVIEW CIRCLE JENSEN BEACH, FL 34957		7. Name and Address of New Registered Agent <i>J. Ryder</i> <i>4253 NE Skyline</i> <i>Jensen Beach Fla</i> City <i>34957</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>Wendy L. Soderstrom</i> DATE <i>Feb 22/2006</i> <small>Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
9. Filing Fee is \$50.00 Due by May 1, 2006		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 L <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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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 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>Wendy L. Soderstrom</i>		Date <i>2/1/06</i> <i>309-4930039</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	