


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90025 048 ****50.00

DOCUMENT # L04000050355					
1. Entity Name WTS RISK, LLC					
Principal Place of Business 930 WILLISTON PARK POINTE DRIVE LAKE MARY, FL 32746			Mailing Address 930 WILLISTON PARK POINTE DRIVE LAKE MARY, FL 32746		
2. Principal Place of Business 4035 W. 1ST STREET Suite, Apt. #, etc.		3. Mailing Address 4035 W. 1ST STREET Suite, Apt. #, etc.			
City & State SANFORD, FL		City & State SANFORD, FL		4. FEI Number 84-1642346	
Zip 32771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOCTOR, JAMES J 215 N. EOLA DR ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name TRACY A. MARSHALL Street Address (P.O. Box Number is Not Acceptable) 301 EAST PINE ST. SUITE 1400 City ORLANDO FL Zip Code 32801		
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>Tracy Marshall</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM LANG, MARK A SR 930 WILLISTON PARK POINT DR LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELLINGTON CAPITAL GROUP, INC. 1909 ALAFAYA TRAIL, STE. 236 ORLANDO, FL 32828 <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	P.S.T KEVIN MUNROE 111 N. ORANGE AVE., STE 2000 ORLANDO, FL 32801 <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	
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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: <u><i>[Signature]</i></u>			Date <u>4/26/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					