
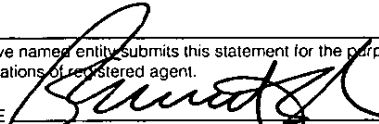
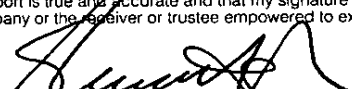


**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

30001366

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # L04000057257</b>   |   |  |  | 02-27-2006 90833 001 ***150.00   |  |
| 1. Entity Name<br>WBR PALMWAY LLC  |   |   |  |  |  |
| Principal Place of Business<br>411 77TH AVENUE, N.<br>ST. PETERSBURG, FL 33702   |   | Mailing Address<br>24500 CHAGRIN BLVD. #200<br>BEACHWOOD, OH 44122                |  | 30001366   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  | 02202006 Chg-LLC CR2E083 (11/05)   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  | 4. FEI Number<br>NOT APPLICABLE  |  |
| City & State   |   | City & State  |  | Applied For<br>Not Applicable  |  |
| Zip  | Country   | Zip   | Country  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>RISMAN, ROBERT G<br>15151 EDEN ISLE BLVD NE<br>SAINT PETERSBURG, FL 33704   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Robert G. Risman<br>Street Address (P.O. Box Number is Not Acceptable)<br>411 77th Street North, #104<br>City<br>St. Petersburg FL Zip Code 33702 |  |  |
| 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<br>Due by May 1, 2006  |   | Make check payable to<br>Florida Department of State                              |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RISMAN, WILLIAM B<br>411 77TH AVENUE, N.<br>ST. PETERSBURG, FL 33702 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Manager<br>Robert G. Risman<br>24500 Chagrin Blvd., #200<br>Beachwood, Ohio 44122        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   |  |  |  |
| Date Daytime Phone #   |   |   |  |  |  |