

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 A
Secretary of State

DOCUMENT # L04000060719

1. Entity Name
W.S. DEVELOPMENT GROUP, LLC



Principal Place of Business
5600 N.W. 102 AVENUE, SUITE H
SUNRISE, FL 33351

Mailing Address
5600 N.W. 102 AVENUE, SUITE H
SUNRISE, FL 33351



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1528669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHATZBERG, MICHAEL
1826 N.W. 124 WAY
CORAL SPRINGS, FL 33071

**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, 2006**

000000379619
01/10/06-80030-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHATZBERG, MICHAEL
STREET ADDRESS	1826 N.W. 124 WAY
CITY, ST, ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	WATSON, JOHN
STREET ADDRESS	5600 N.W. 102 AVENUE, SUITE H
CITY, ST, ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

John Watson 1/5/06 954 746 7600

Date

Daytime Phone #