


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State


04-23-2007 90370 029 ****50.00

DOCUMENT # L04000066779	
1. Entity Name WEALTH MANAGEMENT STRATEGIES, LLC	

Principal Place of Business 1000 CORPORATE DRIVE 7TH FLOOR FORT LAUDERDALE, FL 33334	Mailing Address 1000 CORPORATE DRIVE 7TH FLOOR FORT LAUDERDALE, FL 33334
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60038772



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1848733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDSTEIN, LISA KLINE ESQ. 1000 CORPORATE DRIVE 7TH FLOOR FORT LAUDERDALE, FL 33334	
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7. Name and Address of New Registered Agent Name Stacie L. Spielfogel Street Address (P.O. Box Number is Not Acceptable) 1000 Corporate Drive, 7th Floor City Fort Lauderdale FL Zip Code 33334	
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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 *Stacie Spielfogel* DATE **4-18-2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPIELFOGEL, STACIE L 1000 CORPORATE DRIVE, 7TH FLOOR FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EPPEY, JOSEPH F 1000 CORPORATE DRIVE, 7TH FLOOR FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 *Stacie Spielfogel* DATE **4-18-07 (984)6894476**

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