## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT.

## **FILED** May 26, 2005 8:00 am Secretary of State

DOCUMENT # L04000070699  WRI/POSTMARK, LLC						05-04-2005	90043 02	3 ***1.	50.00
3417 WEST LEMON STREET 3417 WEST LEMON STREET TAMPA, FL 33609 TAMPA, FL 33609					1 <b>48 9</b> (1914 S.)	a dêni việ lị Bairi goại goại	and some spin spin spin spin spin spin spin spin	OMIN INCOM	1440 III III
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apl. #. etc.		Suite, Apt. #, etc.			04262005	Chg-LLC	CR2E083	3 (10/03)	
City & State		City & State			4. FEI Numb	7,0522	19		oplied For of Applicable
Zip	Country	Zip	Coun		5. Certificate	of Status Desired		5.00 Ad	ditional
	6. Name and Address of Current F	logistered Agent			7. Name and	Address of New			
NOBLES, EDGAR 2315 SOUTH OCCIDENT STREET TAMPA, FL 33609									<u>-</u>
							FL	_	
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registi	ered agent, or bot	th, in the State of Fl	orida. I am fan	nillar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent as	nd tide if applicable. (NOTE	Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005							ce check pay a Departmen		•
9. TITLE	MGR	Oelets	10. TITL	·			r	Change	Addition
NAME	NOBLES, EDGAR	□ Velen	HAM				L	1 comins	C) Applican
STREET ADDRESS City-St-Zdp	3417 WEST LEMON STREET TAMPA, FL 33609		1	ET ADORESS -ST-ZIP					
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SPERO, TIMOTHY  3417 WEST LEMON STREET TAMPA, FL 33609			E Et adoress -St-Zip					
TITLE	TAINFA, FE 3000	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E FT ADORESS -ST-ZIP			_	•	
TITLE: ·		Defeits	TIPLE	I		<del></del>		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADORESS SI - ZIP					
title .	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	-+-				] Change	Addition
NAME STREET ADDRESS			NAME	ET ACCORESS			_	•	_
City-St-Zip	Forther was the	( 1 - <u> </u>		-ST-ZIP					
TITLE NAME		☐ Delete	ULT	1	* .			Change	Addition
STREET ADDRESS CITY-ST-ZIP	e salarine proprieta de la companya de la companya La companya de la co	-		ET ADDRESS ST-ZIP			• • • • • • • • • • • • • • • • • • • •		1
11. I hereby of indicated	entily that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee	nat my signature shall have t	the exer	mption stated in Se legal effect as it i	made under oath:	that I am a manac	I further certify ging member o	that the in r manage	formation r of the
SIGNATURE: Ed. ) NR EDGND NORES 4-18.3									
SECHATURE AND TYPEO OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOCO DISJOTTO PICTOS 9									