

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # L04000070860</b>   |  |   |  |   |  |
| <b>1. Entity Name</b><br>W.B.A., LLC   |  |   |  |   |  |
| <b>Principal Place of Business</b><br>13078 SW KINGSWAY CIRCLE<br>LAKE SUZY, FL 34269 US   |  |   | <b>Mailing Address</b><br>13078 SW KINGSWAY CIRCLE<br>LAKE SUZY, FL 34269 US   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |  | <b>3. Mailing Address</b>                             |  |   |  |
| Suite, Apt. #, etc   |  | Suite, Apt. #, etc.                                   |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  | Country  | Zip   | Country  | <b>4. FEI Number</b><br>20-1749919  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |   |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |   | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| AMES, ANDREW T CPA,CFP<br>128 WEST OAK STREET<br>ARCADIA, FL 34266   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| <b>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.</b> |  |   |  |   |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |   | Make check payable to<br><b>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ALOKEH, WAEI MD<br>13078 SW KINGSWAY CIRCLE<br>LAKE SUZY, FL 34269 | <input type="checkbox"/> Delete                       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000863284<br>04/03/08-80086-005 138.75 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>BASSAM, ALTAJAR<br>7531 TORI WAY<br>BRADENTON, FL 34202            | <input type="checkbox"/> Delete                       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <b>TITLE</b><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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Daytime Phone #