

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90045 037 \*\*\*138.75

**DOCUMENT # L04000075068**



1. Entity Name  
WSG WEST PALM BEACH, LLC

Principal Place of Business  
400 ARTHUR GODFREY ROAD, SUITE 200  
MIAMI BEACH, FL 33140

Mailing Address  
400 ARTHUR GODFREY ROAD, SUITE 200  
MIAMI BEACH, FL 33140

0000100



**DO NOT WRITE IN THIS SPACE**

03132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number  
20-2113712 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
ONE BISCAYNE TOWER, 3550  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEPPARD, ERIC D 400 ARTHUR GODFREY RD., 200 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLMAN, PHIL 400 ARTHUR GODFREY ROAD SUITE 200 MIAMI BEACH, FL 33140
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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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4/24/08