## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 11, 2006 8:00 am Secretary of State

|   |   |  |  |                              | ~ CCI CC   | $\sim$ 1   |  |  |  |
|---|---|--|--|------------------------------|--|--|--|--|--|
| 1. Entity Nam   | MENT # L040000769   | 973  |  |                              |  | 5 90016 015 ****5  | 50.00                                  |  |  |
| Principal Plac  | e of Business   | Mailing Address                                      |  |                              | 21   | 1027936  |  |  |  |
| 301 YAMATO  |   | 301 YAMATO ROAD                                      |  |                              |  |  |  |  |  |
| SUITE 4150  | NOND  | SUITE 4150   |  |                              |  |  |  |  |  |
|   | l, FL 33431 US  | BOCA RATON, FL 3343                                  | 1 US   |                              |  |  |  |  |  |
|   |   |  |  |                              |  |  |  |  |  |
| 2. Principal P  | Place of Business ASH Konned u Blod   | 3. Mailing Address                                   | Kennadyi   | 31/2/                        | <b>il</b> i ili <b>co</b> ii ili ili ili ili ili ili ili i |  |  |  |  |
| Suite, Apt.   |   | Suite, Apt. #, etc.                                  |  | 03212                        | 006 Challe   | CD2E092 (44/06   | `                                      |  |  |
|   | -e 3300   | Duite 3300   |  | 03212                        | 006 Chg-LLC  | CR2E083 (11/05   | ·}                                     |  |  |
| - Gity & Stat   | <b>1</b>  | City & State   | FI.  | 4. FEI N                     | lumber<br>1794837  | <del> </del>   | Applied For                            |  |  |
| Zip   | Country   | Zip  | Country  | _                            |  | \$5.00 .   | Vot Applicable                         |  |  |
| 336   |   | 33602  | The US   | 5. Certi                     | icate of Status Desired                                    | Fee Requi  | red                                    |  |  |
|   | 6. Name and Address of Current F  | Registered Agent                                     |  | 7. Name                      | and Address of New   | Registered Agent   |  |  |  |
| WAG MAN   | IAGEMENT LLC  |  | Name   |                              |  |  |  |  |  |
| 350 CAMII   | NO GARDENS BLVD., STE. 10.  | 2  | Street A   | Address (P.O. Box N          | lumber is Not Accepta                                      | ble)   |  |  |  |
| BOCA RA   | TON, FL 33432   |  |  |                              |  |  |  |  |  |
|   |   |  | City   |                              |  | FI Zip Co  | de                                     |  |  |
| 8. The above  | named entity submits this statement for   | the purpose of changing its re                       | egistered office o   | r registered agent.          | or both, in the State of                                   | • -  | n, and accept                          |  |  |
| 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  |   |  |  |                              |  |  |  |  |  |
| i   | Signature, typed or printed name of registered agent a                          | nd title if applicable. (NOTE:                       | Registered Agent signs   | ture required when reinstati | ng)  | DATE   |  |  |  |
|   | Signature, typed or printed name of registered agent at                         | nd title if applicable. (NOTE:                       | Registered Agent signa   | ture required when reinstati | ng)  | DATE   |  |  |  |
| Fi  | iling Fee is \$50.00  | nd title if applicable. (NOTE:                       | Registered Agent signs   | ture required when reinstati | M  | ake check payable to   |  |  |  |
| Fi  |   | nd title if applicable. (NOTE:                       | Registered Agent signa   | turë rëquired when reinstati | M  |  |  |  |  |
| Fi<br>D   | iling Fee is \$50.00  |  | Registered Agent signa   | ture required when reinstati | M.<br>Flori  | ake check payable to   |  |  |  |
| 9.<br>IIILE   | iling Fee is \$50.00<br>ue by May 1, 2006<br>MANAGING MEMBER                    |  | 10.  | ture required when reinstati | M.<br>Flori  | ake check payable to<br>ida Department of Sta  | ite                                    |  |  |
| 9.  TITLE  NAME   | Illing Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBER MGR WAG MANAGEMENT LLC | RS/MANAGERS  | 10.<br>TITLE<br>NAME   |                              | M.<br>Flori<br>ADDITION                                    | ake check payable to ida Department of Sta   | Addition                               |  |  |
| 9. THE NAME STREET ADDRESS  | MANAGING MEMBER  WAG MANAGEMENT LLC  8000 NORTH FEDERAL HIGHWA                  | RS/MANAGERS  | 10. TITLE NAME STREET ADDRESS  | 350 Ca                       | M Flori ADDITION   | ake check payable to ida Department of Sta   | Addition                               |  |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Illing Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBER MGR WAG MANAGEMENT LLC | RS/MANAGERS  Delete  AY #320                         | 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                              | M Flori ADDITION   | ake check payable to<br>ida Department of Sta  | Addition                               |  |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | MANAGING MEMBER  WAG MANAGEMENT LLC  8000 NORTH FEDERAL HIGHWA                  | RS/MANAGERS  | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | 350 Ca                       | M Flori ADDITION   | ake check payable to ida Department of Sta   | Addition                               |  |  |
| 9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | MANAGING MEMBER  WAG MANAGEMENT LLC  8000 NORTH FEDERAL HIGHWA                  | RS/MANAGERS  Delete  AY #320                         | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 350 Ca                       | M Flori ADDITION   | ake check payable to ida Department of States S/CHANGES  Change SBlvd SH  - L 3343                                       | Addition                               |  |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | MANAGING MEMBER  WAG MANAGEMENT LLC  8000 NORTH FEDERAL HIGHWA                  | RS/MANAGERS  Delete  AY #320                         | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | 350 Ca                       | M Flori ADDITION   | ake check payable to ida Department of States S/CHANGES  Change SBlvd SH  - L 3343                                       | Addition                               |  |  |
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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| SIGNATURE: Hant C. Manapoli  | 4   | 3 84 | (561)393-8115   |
|--|-----|------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT | IVE | Date | Daytime Phone # |