

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

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03202006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000076978					
1. Entity Name CREMATORY OF NORTHWEST FLORIDA LLC					
Principal Place of Business 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431 US			Mailing Address 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431 US		
2. Principal Place of Business 101 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 3300 City & State Tampa, FL Zip 33602		3. Mailing Address 101 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 3300 City & State Tampa, FL Zip 33602		4. FEI Number 20-1795586	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WAG MANAGEMENT LLC 350 CAMINO GARDENS BLVD., STE. 102 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAG MANAGEMENT LLC 8000 NORTH FEDERAL HIGHWAY #320 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAG Management, LLC 350 Camino Gardens Blvd., Suite 102 Boca Raton, FL 33432	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Vincent C. Manopoli</u>			Date: <u>4/3/06</u>		Daytime Phone #: <u>(561) 393-8115</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					