2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 31, 2006 8:00 am Secretary of State

DOCUMENT # L0400077048 1. Entity Name WAG FLORIDA LLC						08-31-2006	5 90045 00)4 ****5	50.00
Principal Place 8000 NORTH BOCA RATON	FEDERAL HIGHWAY, SUITE 320	Mailing Address 8000 NORTH FEDERAL HIGHWAY, SUITE 320 BOCA RATON, FL 33487 US)2359				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08082006	Chg-LLC	CR2E083			
City & State		City & State		4. FEI Number 20-1795		_	Not	olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	□ \$! Fe	5.00 Addi e Required	tional
	6. Name and Address of Current F	Registered Agent		- 3 · · · · · · · · · ·	7. Name and	Address of New R	egistered Ag	ent	
MAG MAN	ACEMENTILC		'	Name					
WAG MANAGEMENT LLC 350 CAMINO GARDENS BLVD., STE. 102 BOCA RATON, FL 33432			5	Street Address (P.O. Box Number is Not Acceptable)					
			-	City				Zip Code	
				•			FL	·	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered o	office or register	ed agent, or both	n, in the State of Flo	rida. I am far	niliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Ag	gent signature requirer	I when reinstating)		DATE		
Fil Due b	ing Fee is \$50.00 by September 6, 2006						e check pay Departmer		,
Fill Due b	ing Fee is \$50.00 by September 6, 2006 MANAGING MEMBE	RS/MANAGERS	10.				Departmen		,
Due b	MANAGING MEMBER MGR	RS/MANAGERS	10.			Florida	Department CHANGES		☐ Addition
9. TITLE NAME	MANAGING MEMBER MGR WAG MANAGEMENT LLC	☐ Detete	TITLE NAME			Florida	Department CHANGES	nt of State	
9. IITLE NAME STREET ADDRESS	MANAGING MEMBER MGR WAG MANAGEMENT LLC 8000 NORTH FEDERAL HIGHWA	☐ Detete	TITLE NAME STREET A			Florida	Department CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR WAG MANAGEMENT LLC	☐ Detete	TITLE NAME			Florida	CHANGES [nt of State	
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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: Peter H. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(813) 318-9444