

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90042 016 ****50.00

DOCUMENT # L04000083445

1. Entity Name
 213 REVERSE, LLC



Principal Place of Business
 100 HARBOR WAY
 HOBE SOUND, FL 33455

Mailing Address
 100 HARBOR WAY
 HOBE SOUND, FL 33455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, JAMES D
 11891 U.S. HIGHWAY ONE
 SUITE 201
 NORTH PALM BEACH, FL 33408

Name *W H W W, INC*
 Street Address (P.O. Box Number is Not Acceptable)
390 NORTH ORANGE AVENUE
SUITE 1500
 City *ORLANDO* FL Zip Code *32801*

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 *By: Deborah Fricker, VP*

[Signature]

DATE *4/3/06*

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 MGRM Delete
 NAME COELMAN, JEFF
 STREET ADDRESS 100 HARBOR WAY
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE MGRM Change Addition
 NAME Gelman, Jeffrey
 STREET ADDRESS 100 HARBOR WAY
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]
 Jeffrey Gelman

3/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #