
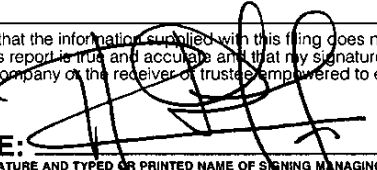


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90022 045 \*\*\*\*50.00

<b>DOCUMENT # L04000092840</b> 1. Entity Name <b>WL GOLF VIEW, LLC</b>					
Principal Place of Business <b>2875 NE 191 STREET SUITE 400A AVENTURA, FL 33180 US</b>			Mailing Address <b>2875 NE 191 STREET SUITE 400A AVENTURA, FL 33180 US</b>		
2. Principal Place of Business <b>2875 NE 191ST STREET</b>		3. Mailing Address <b>2875 NE 191ST STREET</b>			
Suite, Apt. #, etc. <b>300</b>		Suite, Apt. #, etc. <b>300</b>			
City & State <b>AVENTURA - FLORIDA</b>		City & State <b>AVENTURA - FLORIDA</b>			
Zip <b>33180</b>		Country <b>USA</b>		Zip <b>33180</b>	
Country <b>USA</b>		4. FEI Number <b>20-2658585</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEOPOLD, KORN &amp; LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		MGR <b>WEINSTEIN RICARDO</b> <b>2875 NE 191ST STREET SUITE # 300</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		MGR <b>DJEMAL, RICARDO</b> <b>2875 NE 191ST STREET SUITE #300</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 			<b>R. DJMAL</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>04/18/05</b> (305) 935-6955		