


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90052 040 ****50.00

DOCUMENT # L04000092840		
1. Entity Name WL GOLF VIEW, LLC		

Principal Place of Business 2875 NE 191ST STREET SUITE 300 AVENTURA, FL 33180 US	Mailing Address 2875 NE 191ST STREET SUITE 300 AVENTURA, FL 33180 US
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2. Principal Place of Business <u>2875 N.E. 191st St.</u>	3. Mailing Address <u>2875 N.E. 191st St.</u>
Suite, Apt. #, etc. <u>Suite 300</u>	Suite, Apt. #, etc. <u>Suite 300</u>
City & State <u>Aventura, FL</u>	City & State <u>Aventura, FL</u>
Zip <u>33180</u>	Country <u>USA</u>



01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2658585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 _____

**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 WEINSTEIN, RICARDO <input type="checkbox"/> Delete 2875 NE 191ST STREET, STE # 300 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DJMAL, RICARDO <input type="checkbox"/> Delete 2875 NE 191ST STREET, STE # 300 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>DJMAL, Ricardo</u> <u>2875 N.E. 191st Street Suite 300</u> <u>Aventura, FL 33180</u>
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
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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 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: Ricardo DJMAL 4/27/2006 305-935-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #