

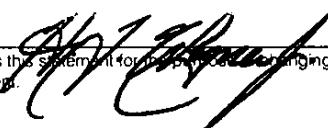



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90087 018 ****50.00

DOCUMENT # L05000000145 1. Entity Name WAGNER & ASSOCIATES, LLC					
Principal Place of Business 12300 SOUTH SHORE BLVD. SUITE 218 WELLINGTON, FL 33414			Mailing Address 12300 SOUTH SHORE BLVD. SUITE 218 WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 222 Lakeview Ave.		3. Mailing Address 222 Lakeview Ave.			
Suite, Apt. #, etc. Ste. 1200		Suite, Apt. #, etc. Ste. 1200			
City & State WPB, FL		City & State WPB, FL			
Zip 33401		Country USA		01232007 Chg-LLC CR2E083 (12/06)	
4. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGNER, H T JR 12300 SOUTH SHORE BLVD. SUITE 218 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name H. Thomas Wagner, Jr. Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Avenue Ste. 1200 City West Palm Beach FL Zip Code 33401		
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  DATE 1/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM H. THOMAS WAGNER, JR., P.A. 12300 SOUTH SHORE BLVD. STE #218 WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	222 Lakeview Ave., Ste. 1200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ISABELLA LUNSFORD, P.A. 17690 - 76TH STREET NORTH LOXAHATCHEE, FL 33470	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 			Date 1/23/07 Daytime Phone # 561-798-9988		