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Secretary of State
04-11-2006 90016 017 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000011890

1. Entity Name
WAG MANAGEMENT LLC

30005785

Principal Place of Business	Mailing Address
8000 NORTH FEDERAL HIGHWAY, SUITE 320 BOCA RATON, FL 33487	8000 NORTH FEDERAL HIGHWAY, SUITE 320 BOCA RATON, FL 33487

2. Principal Place of Business	3. Mailing Address
101 E Kennedy Blvd.	101 E Kennedy Blvd
Suite, Apt. #, etc.: Suite 3300	Suite, Apt. #, etc.: Suite 3300
City & State: Tampa FL	City & State: Tampa FL
Zip: 33602 Country: USA	Zip: 33602 Country: USA

03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-2387364 ☐ Applied For ☐ Not Applicable

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
COLLINS, PETER C/O WAG MANAGEMENT LLC 8000 NORTH FEDERAL HIGHWAY, SUITE 320 BOCA RATON, FL 33487 } Change of Address →	Name: Collins, Peter Street Address (P.O. Box Number is Not Acceptable): 101 E Kennedy Blvd Suite 3300 City: Tampa FL Zip Code: 33602

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: Peter Collins Peter Collins 04/03/06
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	MGRM COLLINS, PETER H 8000 NORTH FEDERAL HIGHWAY, SUITE 320 BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Collins, Peter 101 E Kennedy Blvd Suite 3300 Tampa FL 33602 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Vincent C. Manopoli Vincent C. Manopoli 4/3/06 (561) 393-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #