

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 09, 2006 8:00 am
Secretary of State

05-02-2006 90046 028 ****50.00

DOCUMENT # L05000026060 1. Entity Name WR2 LLC					
Principal Place of Business 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432			Mailing Address 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33444		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2772372	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SKATOFF, JEFFREY H. 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Jeffrey Skatoff</i></u> (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		00000010	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMPARATO, ANTHONY 980 NORTH FEDERAL HWY SUITE 400 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAEPPER CARL, JR 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMPARATO, JAMES 980 N FEDERAL HWY SUITE 200 BOCA RATON, FL 33432	☐ Change ☒ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIELA ROBERT 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ 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 606, Florida Statutes.					
SIGNATURE: <u><i>Anthony Comparato</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					