


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90046 035 ****50.00

DOCUMENT # L05000027417	
1. Entity Name MMM WPI II MEMBER, LLC	

Principal Place of Business 1096 EAST NEWPORT CENTER DRIVE, STE. 100 DEERFIELD BEACH, FL 33442	Mailing Address 1096 EAST NEWPORT CENTER DRIVE, STE. 100 DEERFIELD BEACH, FL 33442
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2. Principal Place of Business 6820 Lyons Technology Cir. Suite, Apt. #, etc. #100 City & State Coconut Creek, FL Zip 33073 Country USA	3. Mailing Address 6820 Lyons Technology Cir. Suite, Apt. #, etc. #100 City & State Coconut Creek, FL Zip 33073 Country USA
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03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> 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 ALLEN, LOUISE J 200 EAST BROWARD BLVD., SUITE 1900 FT. LAUDERDALE, FL 33301	
7. Name and Address of New Registered Agent Name: Malcolm Butters Street Address (P.O. Box Number is Not Acceptable): 6820 Lyons Technology Cir. #100 City: Coconut Creek FL Zip Code: 33073	

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: M. Butters DATE: 4/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	402 Malcolm Butters 6820 Lyons Tech Cir #100 Coconut Creek, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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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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: M. Butters DATE: 4/26/06 DAYTIME PHONE #: 954-570-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE