


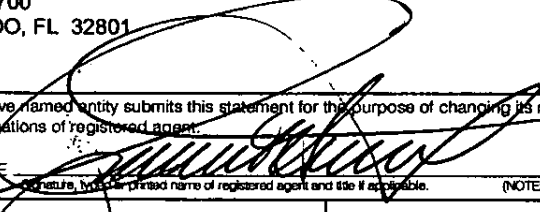
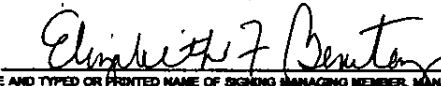


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90131 002 \*\*\*\*50.00

<b>DOCUMENT # L05000027785</b> 1. Entity Name <b>WAVERLY, LLC</b>							
Principal Place of Business <b>750 MARKHAM WOODS LONGWOOD, FL 32779</b>			Mailing Address <b>750 MARKHAM WOODS LONGWOOD, FL 32779</b>				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">40007333</div>  <div style="display: flex; justify-content: space-between; font-size: 12px;"> <span>01302006</span> <span>Chg-LLC</span> <span>CR2E083 (11/05)</span> </div>			
City & State		City & State					
Zip	Country	Zip	Country				
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				<div style="font-size: 24px; font-weight: bold;">40007333</div>  <div style="display: flex; justify-content: space-between; font-size: 12px;"> <span>01302006</span> <span>Chg-LLC</span> <span>CR2E083 (11/05)</span> </div>			
6. Name and Address of Current Registered Agent  <b>SHUFFIELD, W. CHARLES ESQ. 1000 LEGION PLACE SUITE 1700 ORLANDO, FL 32801</b>						7. Name and Address of New Registered Agent  Name <b>GUS BENITEZ, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1223 EAST CONCORD ST</b>  City <b>ORLANDO</b> FL Zip Code <b>32803</b>	
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 _____ <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>						<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <b>Filing Fee is \$50.00 Due by May 1, 2006</b> </div> <div style="text-align: center;"> <b>Make check payable to Florida Department of State</b> </div> </div>	
9. MANAGING MEMBERS/MANAGERS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENITEZ, ELIZABETH F <input type="checkbox"/> Delete 750 MARKHAM WOODS LONGWOOD, FL 32779			10. ADDITIONS/CHANGES  <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"/> Delete			<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"/> Delete			<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			
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 <b>2/10/06</b> Daytime Phone # <b>(407) 786-2497</b>			