



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90019 021 ****50.00

DOCUMENT # L05000033063					
1. Entity Name WRD ALLIANCE LLC					
Principal Place of Business 1204 OAKPOINTE PLACE PLANT CITY, FL 33563			Mailing Address 1204 OAKPOINTE PLACE PLANT CITY, FL 33563		
2. Principal Place of Business 1204 Oak Pointe Ln Suite, Apt. #, etc.		3. Mailing Address 1204 Oak Pointe Ln Suite, Apt. #, etc.			
City & State Plant City, FL		City & State Plant City, FL		4. FEL Number 32-0147221	
Zip 33563		Country Hillsborough		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUTH, GREG 1204 OAKPOINTE PLACE PLANT CITY, FL 33563			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 _____ (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 MGRM	NAME RUTH, GREG	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1204 OAKPOINTE PLACE	CITY-ST-ZIP PLANT CITY, FL 33563		STREET ADDRESS	CITY-ST-ZIP	
TITLE MGRM	NAME WARD, RODEY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1202 OAKPOINTE PLACE	CITY-ST-ZIP PLANT CITY, FL 33563		STREET ADDRESS	CITY-ST-ZIP	
TITLE MGRM	NAME DICKENS, GERALD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2208 S MUDLAKE	CITY-ST-ZIP PLANT CITY, FL 33567		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Gregory D. Luth</i>			3-14-06 813-731-6928		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		