

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034448

Entity Name: WISHEE WASHEE LLC

FILED  
Mar 17, 2009  
Secretary of State

**Current Principal Place of Business:**

3227 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

3223 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**Current Mailing Address:**

1247 BAYSHORE RD.  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number: 25-1913832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUSTER, CHARLES A ESQ.  
917 NORTH PALAFOX ST.  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHUSTER, JOHN S  
Address: 1247 BAYSHORE RD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete  
Name: SCHUSTER, SANA'A D  
Address: 1247 BAYSHORE RD.  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHUSTER, JOHN S  
Address: 405 NAVY COVE RD  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM (X) Change ( ) Addition  
Name: SCHUSTER, SANA'A D  
Address: 405 NAVY COVE RD  
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN SCHUSTER

MGR

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date