



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L05000036748 1. Entity Name WADY DEVELOPMENT LLC	
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Principal Place of Business 12439 PERKINS ROAD SOUTHPORT, FL 32409 US	Mailing Address 12439 PERKINS ROAD SOUTHPORT, FL 32409 US
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2673023	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 PARIS, BRENDA 12439 PERKINS ROAD SOUTHPORT, FL 32409	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARIS, BRENDA 12439 PERKINS ROAD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARIS, RALPH 12439 PERKINS ROAD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIELS, JACK 112 JOY CIRCLE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIELS, VICKIE 112 JOY CIRCLE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000699120
04/19/07-80030-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Brenda Paris Brenda Paris 4-10-2007 (850) 265-9939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #