## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

3/13/06 561-689-6228

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

					1 06 B	IUG 28 AM	9:51	
DOCUMENT # L05000037090  1. Entity Name WEIJER LLC							- ••	
Principal Place of Business Mailing Address								
600 EXECUTIVE CENTER DRIVE 600 EXECUTIVE CENTER DI			DRIVE					
NO. 1210		NO. 1210			NV			
	BEACH, FL 33401	WEST PALM BEACH, FL 33401			11NX			
					WANTE			
2. Principal Place of Business		3. Mailing Address						
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.			02182006 Chg-LLC CR2E083 (11/05)			
City & State		City & State			4. FEI Number			pplied For ot Applicable
Ö	Country	Zip	Country		5. Certificate of	Status Desired	55.00 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New Rec	istered Agent	
			Nam	10				
WEIJER, DIRK 600 EXECUTIVE CENTER DRIVE			Stre	Street Address (P.O. Box Number is Not Acceptable)				
NO. 1210 WEST PALM BEACH, FL 33401					•			
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			City				FL Zip Cod	ie
	named entity submits this statement for lons of registered agent.	the purpose of changing its re	egistered offic	e or register	red agent, or both	In the State of Flori	da. I am familiar with	, and accept
SIGNATURE .	<u> </u>							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent s	ignature required	1 when reinstating)	w all a fail of Wester To	DATE	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Filing Fee is \$50.00 Due by May 1, 2006							check payable to Department of Stat	
9.	MANAGING MEMBER	RS/MANAGERS	10.		BSS	ADDITIONS/C	HANGES	72.0366.365
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11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this/filing does not qualify for t that my signature shall have th	he exemption le same legal	s contained effect as if n	in Chapter 119, F nade under oath;	orida Statutes. I furt that I am a managir	her certify that the inf g member or manag	ormation er of the