


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000038905</b><br>1. Entity Name<br>WRM ASSOCIATES, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>4305 RIVERCLOSE BOULEVARD<br>VALRICO, FL 33594 | Mailing Address<br>4305 RIVERCLOSE BOULEVARD<br>VALRICO, FL 33594 |
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| <b>DO NOT WRITE IN THIS SPACE</b> |
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01072008No Chg-LLC

CR2E083 (12/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>04-3812645 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>KOSAN, RICHARD R ESQ<br>112 WEST WINDHORST ROAD<br>BRANDON, FL 33510 |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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.

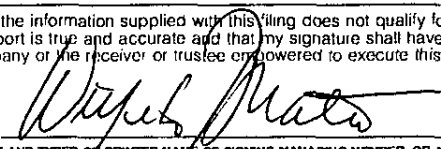
|   |  |            |
|---|--|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

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| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> |
|---|

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MATEO, WILFREDO R<br>4305 RIVERCLOSE BOULEVARD<br>VALRICO, FL 33594 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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|--|
| <p>U00000779794<br/>01/11/08-80051-021 138.75</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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

|   |                     |                                |
|---|---------------------|--------------------------------|
| <b>SIGNATURE:</b>        | 1/5/08              | 813-842-4797                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |