


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000046949 1. Entity Name WBILL LLC		
Principal Place of Business 2322 RIVER REACH DRIVE NAPLES, FL 34104		Mailing Address 2322 RIVER REACH DRIVE NAPLES, FL 34104
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

FILED

2007 APR 30 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent TIMOTHY J. COTTER, PA 599 9TH STREET NORTH 313 NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORIN, WILFRED 2322 RIVER REACH DRIVE NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">800102125718</div> <div style="text-align: center; font-size: 0.8em;">05/10/07--01004--018 **950.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DACEY, WILLIAM 2322 RIVER REACH DRIVE NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Wilfred A. Morin 4/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #