


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90024 019 *****50.00

DOCUMENT # L05000048147	
1. Entity Name WFI FL TWO, LLC	

Principal Place of Business 8475 EAST HARTFORD DRIVE STE 201 SCOTTSDALE, AZ 85255	Mailing Address 8475 EAST HARTFORD DRIVE STE 201 SCOTTSDALE, AZ 85255
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2929554		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		7. Name and Address of New Registered Agent	
MURRAY, DAVID G 1401 EAST BROWARD BLVD STE 200 FORT LAUDERDALE, FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAREING, ALBERT J 28700 N 83RD STREET SCOTTSDALE, AZ 85262 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1-23-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20004122
#65000048147

MURRAY, SIMMONS & ZIEGLER, LLP

ATTORNEYS AT LAW

1401 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE, FLORIDA 33301

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DAVID G. MURRAY*
STEPHEN J. SIMMONS
STEPHEN L. ZIEGLER
WALTER B. SCHNEIDER
MITCHELL E. MONROE
JAMES B. ABRIL

*BOARD CERTIFIED REAL ESTATE LAWYER

MAILING ADDRESS
POST OFFICE BOX 2427
FORT LAUDERDALE, FLORIDA 33303

January 27, 2006

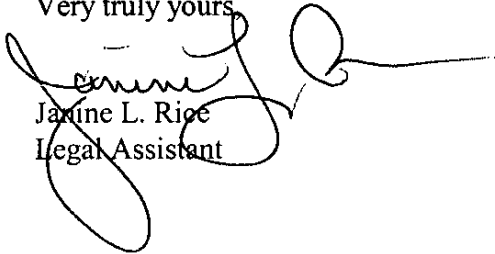
Secretary of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Re: ~~Limited Liability Company~~ Annual Reports
WFI FL TWO, LLC
WFI FL THREE, LLC

Dear Sir or Madam:

Please find enclosed for filing the Limited Liability Company Annual Report for each of the above-referenced entities together with the appropriate filing fee of Fifty Dollars (\$50) for each report.

Very truly yours,


Jamine L. Rice
Legal Assistant

Encls.

cc: Albert J. Wareing