

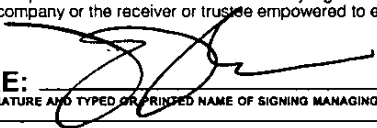


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90045 003 \*\*\*\*50.00

<b>DOCUMENT # L05000048776</b> 1. Entity Name WS32, LLC					
Principal Place of Business 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FL ROSEMARY BEACH, FL 32461				Mailing Address PO BOX 611575 ROSEMARY BEACH, FL 32461	
2. Principal Place of Business <i>82 S. Barrett Square</i> Suite, Apt. #, etc. <i>Suite 2 A</i>		3. Mailing Address <i>P.O. Box 611296</i> Suite, Apt. #, etc.			
City & State <i>Rosemary Beach, FL</i>		City & State <i>Rosemary Beach, FL</i>		4. FEI Number <i>20-2855861</i>	
Zip <i>32461</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  ZEITLIN, BRAD 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FL ROSEMARY BEACH, FL 32461				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>82 S. Barrett Square, Suite 2A</i> City <i>Rosemary Beach</i> <b>FL</b> Zip Code <i>32461</i>	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOSAIC CAPITAL PARTNERS II, LLC 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FL ROSEMARY BEACH, FL 32461		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM New Orchard Group, LLC 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461	
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	
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	
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.					
<b>SIGNATURE:</b> 			Jedd Jackson 4/3/06 850-231-0850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		