2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048776

1. Entity Name WS32, LLC



Principal Place of Business

82 S BARRETT SQ

STE 2A ROSEMARY BEACH, FL 32461 Mailing Address

PO BOX 611296

ROSEMARY BEACH, FL 32461

FILED May 01, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

03192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2855861

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Fee

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ZEITLIN, BRAD 82 S BARRETT SQ, STE 2A ROSEMARY BEACH, FL 32461 DO NOT WRITE IN THIS SPACE

	. 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 a the obligations of registered agent.	accept
Sit	GNATI IRE	

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	NEW ORCHARD GROUP, LLC		
STREET ADDRESS	82 S BARRETT SQ, STE 2 A		
CITY-ST-ZIP	ROSEMARY BEACH, FL 32461		
TITLE			
NAME			
Street adoress			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET AODRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the ex-			

U00000938491 05/27/08-80091-025 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/2/04

850.240850

Daytime Phone #