## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 23, 2006 8:00 am Secretary of State

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DOCUMENT # L05000054673  1. Entity Name WAH XING LLC							02-23-2006 90228 049 ****50.00				
Principal Place of Business  1148 OAKWATER DRIVE ROYAL PALM BEACH, FL 33411  Mailling Address  1148 OAKWATER DRIVE ROYAL PALM BEACH, FL					1	1 1 <b>2 2 1 1 2 1 1</b>	20009852			<b></b>	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02082006	Chg-LLC	CR2E083 (	(11/05)		
City & State			City & State			4. FEI Number Applied For Not Applied So Not Applied For					
Zip	Cip Country		Zìp Coun		try		5. Certificate of Status Desired			tional I	
	6. Name	and Address of Current R	legistered Agent		<u> </u>	7. Name and	Address of New Re	gistered Age:	nt _	<u></u>	
JIA MING MEI 1148 OAKWATER DRIVE ROYAL PALM BEACH, FL 33411					Name Street Address	ss (P.O. Box Numb	er is Not Acceptable	)	•		
			:		City			FL	Zip Code	;	
8. The above the obligati	named entititions of regist	y submits this statement for tered agent.	the purpose of changing its	register	ed office or regis	stered agent, or bo	th, in the State of Flo	rida. I am fami	liar with, a	and accept	
SIGNATURE .											
SIGNATURE	Signature, typed	or printed name of registered agent an	nd trite if applicable. (NOTI	E: Registere	d Agent signature requi	uired when reinstating)		DATE			
, Fi	Signature, typed Illing Fee I ue by May	is \$50.00	nd title if applicable. (NOTI	E: Registere	d Agent signatura requi	uired when reinstating)		DATE check paya Department			
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9.	MGR JIA MING	Is \$50.00 y 1, 2006 MANAGING MEMBER	S/MANAGERS	10. TITLI NAM	E	uired when reinstating)	Florida	check paya Department	of State		
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

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

CITY-ST-ZIP

Pessi DENT

2/17/06

(954)546-8011

Daytime Phone #