2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

BIGNATURE AND TYPED OR PRINTED

OF SIGNING MANAGING MEMBER, MANAGER, OF

T05000056984 CR2E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required Zip Code DATE Make check payable to Florida Department of State ☐ Change Change ☐ Addition **2550.00 ☐ Change ☐ Addition Change ☐ Addition ☐ Change ☐ Addition

Daytime Phone #

FILED **DOCUMENT # L05000056984** WG LAND HOLDINGS, LLC 2006 JUL 26 PM 2: 38 Mailing Address Principal Place of Business SECRETARY OF STATE
TALLAHASSEE.FLORIDA 5569 NW 107TH AVE. 5569 NW 107TH AVE. PARKLAND, FL 33076 PARKLAND, FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012006 Chg-LLC City & State City & State 4. FEI Number Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZEDECK, LEONARD E Street-Address (P.O. Box Number is Not Acceptable) -13790 NW 4TH ST. SUITE 113 SUNRISE, FL 33325 City 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 Signature, typed or printed name of registered egent and size if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME **800075**484258 05/31/06--01010--001 **25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accordate and that the 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 plustee empowered to execute this report as required by Chapter 608, Florida Statutes.