

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062224

Entity Name: WOM LLC

FILED
Mar 27, 2006
Secretary of State

Current Principal Place of Business:

6535 NOVA DRIVE
106
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

6535 NOVA DRIVE
106
DAVIE, FL 33317

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFEFFER, OLIVER
6535 NOVA DRIVE
106
DAVIE, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM Delete
Name: SCHULTZ, DAVID
Address: 6535 NOVA DRIVE SUITE 106
City-St-Zip: DAVIE, FL 33317

Title: MGRM Delete
Name: REICH, DAVID
Address: 6535 NOVA DRIVE SUITE 106
City-St-Zip: DAVIE, FL 33317

Title: MGRM Delete
Name: PFEFFER, OLIVER
Address: 6535 NOVA DRIVE SUITE 106
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OLIVER PFEFFER

MRMR

03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date