


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90192 016 \*\*\*\*50.00

<b>DOCUMENT # L05000065660</b> 1. Entity Name <b>WHM WOOD &amp; XANEIXER LLC</b>			
Principal Place of Business <b>106 NE 1ST AVENUE # A DANIA, FL 33004</b>		Mailing Address <b>106 NE 1ST AVENUE # A DANIA, FL 33004</b>	
2. Principal Place of Business - No P.O. Box # <b>303 SW 2nd Avenue</b>		3. Mailing Address <b>303 SW 2nd Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Dania Florida</b>		City & State <b>Dania Florida</b>	
Zip <b>33004</b>		Zip <b>33004</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
4. FEI Number <del>20-9092202</del> <b>90-0292474</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MENDOZA, WALTER H 106 NE 1ST AVE # A DANIA BEACH, FL 33004</b>		7. Name and Address of New Registered Agent Name <b>Walter H. Mendoza</b> Street Address (P.O. Box Number is Not Acceptable) <b>303 SW 2nd Avenue</b> City <b>Dania</b> FL Zip Code <b>33004</b>	
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 <b>Walter H Mendoza</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1/27/2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	MGR MENDOZA, WALTER H 106 NE 1ST AVENUE # A DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>303 SW 2nd Avenue Dania, FL 33004</b>
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.			
SIGNATURE: <b>Walter H Mendoza</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>1/27/07</b> Daytime Phone # <b>(954) 394-4156</b>	