2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000068420

1. Entity Name

WAKSTEIN BROTHERS PROPERTIES, LLC



FILED Apr 05, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

204-A ELLEN LANE PANAMA CITY BEACH, FL 32408 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408



DO NOT WRITE IN THIS SPACE

03302007 No Chg-LLC

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

No Chg-LLC CR2E083 (11/05)

| 4. FEI Number 20-36220 | 02 | | Applied For Not Applicable |
|------------------------|----------------|--------|-------------------------------|
| 5. Certificate of | Status Desired | \$5.00 | Additional |

6. Name and Address of Current Registered Agent

HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

| • | | A 1960 | |
|--|---|---|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent algnature required when reinstating) DATE | |
| FI | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | 3. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WAKSTEIN, JOSH 204 A ELLEN LANE PANAMA CITY BEACH, FL 32408 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WAKSTEIN, BRAD 204 A ELLEN LANE PANAMA CITY BEACH, FL 32408 | | 50. 00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | , P. 6 p |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY ST. 719 | | | ************************************** |

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.

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE