2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000068420

1. Entity Name

WAKSTEIN BROTHERS PROPERTIES, LLC



FILED Apr 15, 2008 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



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3622002

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

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a113/08

850-234-6112

Daylime Phone #

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, typeg or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		U00000898637 04/28/08-80005-008 138.75
9.	MANAGING MEMBERS/MANAGERS		
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		
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 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 indireceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

manage/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE