

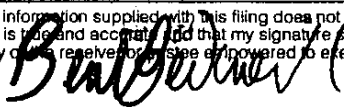


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90008 026 \*\*\*\*50.00

<b>DOCUMENT # L05000072521</b>					
<b>1. Entity Name</b> WBT LLC					
<b>Principal Place of Business</b> 863 E. CHURCH AVE LONGWOD, FL 32750 US			<b>Mailing Address</b> 863 E. CHURCH AVE. LONGWOD, FL 32750 US		
<b>2. Principal Place of Business</b> 870 E. Church Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 870 E. Church Ave. Suite, Apt. #, etc.			
<b>City &amp; State</b> Longwood, FL		<b>City &amp; State</b> Longwood, FL		<b>4. FEI Number</b> 20-3253565	
<b>Zip</b> 32750		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BECKNER, BENNY L 863 E. CHURCH AVE. LONGWOOD, FL 32750			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> MEM	<b>NAME</b> BECKNER, BENNY L			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 863 E. CHURCH AVE.	<b>CITY-ST-ZIP</b> LONGWOOD, FL 32750			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 its receiver or its duly empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>  <b>BEN BECKNER</b> <i>MEM</i> <b>8-30-06</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					