

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000074583

**FILED**  
**Jan 12, 2007**  
**Secretary of State**

**Entity Name:** WARD WALDMAN REAL ESTATE SERVICES LLC

**Current Principal Place of Business:**

217 PERUVIAN AVENUE  
SUITE 2  
PALM BEACH, FL 33480

**New Principal Place of Business:**

225 PERUVIAN AVENUE  
SUITE 201  
PALM BEACH, FL 33480

**Current Mailing Address:**

P.O. BOX 2465  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 20-3300606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANDLER, HENRY B  
2255 GLADES ROAD  
218A  
BOCA RATON, FL 33431 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: WARD WALDMAN, PATRICIA  
Address: 217 PERUVIAN AVENUE, SUITE 2  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WARD WALDMAN, PATRICIA  
Address: P.O. BOX 2465  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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: TRICIA WARD WALDMAN

MS

01/12/2007

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