2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 02, 2006 8:00 am Secretary of State

DOCUMENT # L05000077594 1. Entity Name WS VENTURES, LLC							05-01-2006 90053 024 ****50.00			
Principal Place of Business 1800 STATE ROAD 17 SOUTH AVON PARK, FL 33825			Mailing Address 1800 STATE ROAD 17 SOUTH AVON PARK, FL 33825					1446		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04282006	Chg-LLC	CR2E08	3 (11/0 5)-	·
City & State			City & State			4. FEI Numb	3272116		<u> </u>	plied For t Applicable
Zip		Country	Ζίρ	Coun	itry	5. Certificate	e of Status Desired		5.00 Add se Required	
	6. Name a	nd Address of Current F	Registered Agent		7. Name and Address of New Registered Agent					
ASHLEY, P. JILL ASHLEY FINANCIAL SERVICES; PA, CP/ 2856 CARRIE LANE LAKELAND, FL 33813-3158			Name Street Ad		\	ess (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	,	
8. The above the obligat	named entity : tions of register	submits this statement for red agent.	the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo	rida. I am fa	miliar with, a	and accept
SIGNATURE.	Signature hand or	printed name of registered agent a	and table of annual control of the later by	. Oznica	d Agent signeture require			DATE		
	ay	by any lease or legitimen light a	TO THE ESPECIAL CHAPTE	: regatere	o vident signatura reduce	id when rainstating)		OA1E		
Filing Fee is \$50.00 Due by May 1, 2006								check pa Departine		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TILE	MGRM	MOH INC	☐ Delete	TITL			,		Change	Addition
NAME STREET ADDRESS	MARTIN M WOHLING. 1800 STATE ROAD 17 SOUTH			NAM	E Et adoress					
CITY-ST-ZIP		K, FL 33825			-ST-ZIP					j
TITLE NAME STREET ADDRESS	MGRM Delete TE HEARTLAND REAL ESTATE CORPORATION			TITU NAM STRE					Change	Addition
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-		-ST-ZIP					- 1

STREET ADORESS CITY-ST-ZIP	•	HAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deletz	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ion -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addi	úon
TITLE NAME STREET ADORESS CLTY-ST-ZIP	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	tion
indicated	ertify that the information supplied with this filing does not qualify for the on this report is true and accurate and that my signature shall have the billing company or the receiver or trustee employmered to execute this re-	same legal effe	intained in Chapter 119. Florida Statutes. I further certify that the information class if made under ceth; that I am a managing member or manager of the ov Chapter 808. Florida Statutes.	

SIGNATURE.

Martin M Wohl April 28, 2006 (863) 382-1096

SIGNATURE: MOTITE AND TYPED OR PRINTED NAME OF SIGNING MANAGEM REALIZED, MANAGER OR AUTHORIZED REPRESENTATIVE DING

Dette:

Daytime Phone #