## 2007 LIMITED LIABILITY COMPANY

## Mar 20, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L05000077594** 03-20-2007 90140 039 \*\*\*\*50.00 WS VENTURES, LLC Principal Place of Business Mailing Address 1800 STATE ROAD 17 SOUTH 1800 STATE ROAD 17 SOUTH AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3200 US 27 South 3200 US 27 Suite, Apt. #, etc. Suite, Apt. #, etc. 02082007 Chg-LLC CR2E083 (12/06) 307 suite Soite City & State City & State 4. FEI Number Applied For FL sebrin *g*ebrin 20-3272116 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 33870 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Martin W ASHLEY, P. JILL Street Address (P.O. Box Number is Not Acceptable) ASHLEY FINANCIAL SERVICES, PA, CPA 2856 CARRIE LANE LAKELAND, FL 33813-3158 3200 US Soute Sebrine 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name or regulatored agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRIM TITLE MGRM TITLE Change ☐ Addition MARTIN M WOHL, Inc. MARTIN M WOHL INC. NAME NAME 3200 US 37 South Soite 307 Sebring, FL 33870 1800 STATE ROAD 17 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP Delete MGRM Change TITLE TILE Heartland Real Estate Corporation HEARTLAND REAL ESTATE CORPORATION NAME MAME 3200 US 27 South Soute 307 1800 STATE ROAD 17 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP AVON PARK, FL 33825 CITY-ST-ZIP FC 33870 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-77P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 3 1TT ☐ Charine Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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