

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-04-2006 90027 037 ****50.00

DOCUMENT # L05000088926					
1. Entity Name W/B PINES BOULEVARD GP, LLC					
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 1002- MIAMI, FL 33133 <i>2121 PONCE de LEON BLVD, #1250</i> <i>CORAL GABLES, FL 33134</i>			Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 1002- MIAMI, FL 33133 <i>2121 PONCE de LEON BLVD, #1250</i> <i>CORAL GABLES, FL 33134</i>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 20-4400037	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEARNS WEAVER MILLER WEISSLER ALHADEFF & C/O RICHARD E. SCHATZ 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent Signature required when re-stating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISER, WARREN 2121 PONCE de LEON BLVD, #1250 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, CAROL 2121 PONCE de LEON BLVD, #1250 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			WARREN P. WEISER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/28/06		
Daytime Phone #			305-854-7342		