2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088928

WBKS PINES BOULEVARD, LLC



Principal Place of Business

2121 PONCE DE LEON BLVD #1250 CORAL GABLES, FL 33134

Mailing Address

2121 PONCE DE LEON BLVD #1250 CORAL GABLES, FL 33134

FILED Apr 30, 2007 08:00 Al Secretary of State



04182007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | Applied For |
|----------------------------------|--------------------|
| 20-4400235 | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

| C/O RICH | WEAVER MILLER WEISSLER ALHADEFF & ARD E. SCHATZ FLAGLE STREET, SUITE 2200 33130 | , | OT WRITE IS SPACE |
|--|---|--|---|
| | named entity submits this statement for the purpose of changions of registered agent. | ing its registered office or registered agent, or both, in the | he State of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| | lling Fee Is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WEISER, WARREN 2121 PONCE DE LEON BLVD #1250 CORAL GABLES, FL 33134 | | U00000743717 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROOKS, CAROL 2121 PONCE DE LEON BLVD #1250 CORAL GABLES, FL 33134 | | 05/15/07-80120-012 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO N | OT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN TH | IS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | | | |

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:

CITY-ST-ZIP

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