
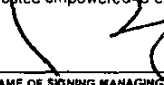


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

| | | | |
|--|--|--|--|
| DOCUMENT # L05000089537 | |  | |
| 1. Entity Name WK MIRAMAR LLC | | | |
| Principal Place of Business 112 CLIFTON AVENUE, #95 LAKEWOOD, NJ 08701 | | Mailing Address 112 CLIFTON AVENUE, #95 LAKEWOOD, NJ 08701 | |
| 2. Principal Place of Business 314 Fifth Street | | 3. Mailing Address 314 Fifth Street | |
| Suite, Apt. #, etc. Suite #5 | | Suite, Apt. #, etc. Suite #5 | |
| City & State Lakewood, NJ | | City & State Lakewood, NJ | |
| Zip 08701 | Country USA | Zip 08701 | Country USA |
| 6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33166 | | 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 reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WK MIRAMAR MM CORP. 112 CLIFTON AVENUE, #95 LAKEWOOD, NJ 08701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300078519893 08/11/06--01011--002 **110.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | MORRIS SILBERBERG 8-9-06 932 3679500 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytime Phone # |