

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 AUG -9 PM 3: 16

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

3. Mailing Address

314 Fifth Street

314 Fifth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

Suite #5

City & State

City & State

Lakewood, NJ

Lakewood, NJ

Zip

Country

Zip

Country

08701

USA

08701

USA

08092006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300078519893
08/11/06--01011--002 **110.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

MORRIS SILBERBERG

8-9-06

932 3679500

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

Date

Daytime Phone #