2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# L05000094818

Entity Name: WLT ENTERPRISES , LLC

Current Principal Place of Business:

1790 SUMMERLAND AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1790 SUMMERLAND AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILAL, RAOUF MD
1790 SUMMERLAND AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HILAL, RAOUF MD
Address: 1790 SUMMERLAND AVE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: FRAPPORTI, ELIZABETH
Address: 1790 SUMMERLAND AVE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAOUF HILAL, MD MGRM 04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date