

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Sep 11, 2006 8:00 am
Secretary of State

08-21-2006 90129 007 ****50.00

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2nd MOORE CR2E083 (4/06)

DOCUMENT # L05000107268			
1. Entity Name W M DEVELOPMENT, LLC			
Principal Place of Business 1040 COLLIER CENTER WAY SUITE 12 NAPLES FL 34110		Mailing Address 1040 COLLIER CENTER WAY SUITE 12 NAPLES FL 34110	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, KENNETH R 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 34103		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, HAROLD D 1040 COLLIER CENTER WAY, SUITE 12 NAPLES FL 34110 <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	MGR MANLEY, J KENT 1040 COLLIER CENTER WAY, SUITE 12 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <i>Harold D. Wilson</i>		8/14/6 239-599-6416	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date D:\Time Pharm *	