

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90036 007 ****50.00

DOCUMENT # L05000108218

1. Entity Name
HERNANDO WAM LOTS, LLC



Principal Place of Business
**9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

Mailing Address
**9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

60042494



2. Principal Place of Business - No P.O. Box #
5115 JOANNE KEARNEY BLVD.

3. Mailing Address
5115 JOANNE KEARNEY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007 Chg-LLC CR2E083 (12/06)

City & State **TAMPA, FL.**

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4. FEI Number
20-3750365

Applied For
Not Applicable

Zip **33619** Country **USA**

Zip **33619** Country **USA**

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

**REED, JAMES M
9625 WES KEARNEY WAY
RIVERVIEW, FL FL**

Name

Street Address (P.O. Box Number is Not Acceptable)
5115 JOANNE KEARNEY BLVD.

City **TAMPA**

FL

Zip Code
33619

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
NAME **HARRIS, TRACY J JR.**
STREET ADDRESS **9625 WES KEARNEY WAY**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☒ Change ☐ Addition
NAME **5115 JOANNE KEARNEY BLVD.**
STREET ADDRESS **TAMPA, FL. 33619**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **KEARNEY, BING CHARLES W JR.**
STREET ADDRESS **9625 WES KEARNEY WAY**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☒ Change ☐ Addition
NAME **5115 JOANNE KEARNEY BLVD.**
STREET ADDRESS **TAMPA FL 33619**
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

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

Date

Daytime Phone #

4/23/07 813 435-7105