


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90205 006 \*\*\*\*50.00

DOCUMENT # L06000008213

1. Entity Name  
 WI 1109 LLC.



Principal Place of Business      Mailing Address

16300 N.E. 19TH AVE.      16300 N.E. 19TH AVE.  
 SUITE 242      SUITE 242  
 NORTH MIAMI BEACH, FL 33162      NORTH MIAMI BEACH, FL 33162



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

18305 BISCAYNE BLVD      18305 BISCAYNE BLVD  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 # 216      # 216

01182007    Chg-LLC      CR2E083 (12/06)

City & State      City & State

AVENTURA FLORIDA      AVENTURA FLORIDA

Zip      Country      Zip      Country

33160      USA      33160      USA

4. FEI Number      Applied For

00-4705304      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

BARTHE & LEIGH LLP  
 2455 E. SUNRISE BLVD.  
 SUITE 602  
 FORT LAUDERDALE, FL 33304

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM IAVELLI, CHRISTIAN 16300 N.E. 19TH AVE. NORTH MIAMI BEACH, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IAVELLI, CHRISTIAN 18305 BISCAYNE BLVD # 216 AVENTURA FL, 33160 <input checked="" 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
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
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

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]      Date: 03/14/07      Daytime Phone #: 305-932-0722

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