2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L06000008305** 1. Entity Name WAM 2635, LLC 2007 APR 30 AMII: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2322 RIVER REACH DR. 2322 RIVER REACH DR. NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable \$5.00 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORIN, WILFRED Street Address (P.O. Box Number is Not Acceptable) 2322 RIVER REACH DR. NAPLES, FL 34104 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 DATE (NOTE: Registered Agent signature required when rainstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of Sta MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME MORIN, WILFRED NAME 2322 RIVER REACH DR. STREET ADDRESS STREET ADDRESS NAPLES, FL 33928 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME 000102125 NAME STREET ADDRESS STREET ADDRESS --01004---019 no. CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Channe ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY+ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone