

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000009858

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** WAHOO PROPERTIES LLC

**Current Principal Place of Business:**

61 HAWKS CAY BOULEVARD  
DUCK KEY, FL 33050 US

**New Principal Place of Business:**

**Current Mailing Address:**

5007 NW 24TH CIRCLE  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 20-4201912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUGHES, STEPHEN B  
5007 NW 24TH CIRCLE  
BOCA RATON, FL 33431 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  
**Name:** HUGHES, STEPHEN B  
**Address:** 5007 NW 24TH CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33431 US

**Title:** MGRM  
**Name:** HUGHES, PATRICIA C  
**Address:** 5007 NW 24TH CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33431 US

**Title:** MGR  
**Name:** HUGHES, STEPHEN  
**Address:** PO BOX 812759  
**City-St-Zip:** BOCA RATON, FL 33481 US

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**Name:** HUGHES, STEPHEN  
**Address:** PO BOX 812759  
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**Address:** PO BOX 812759  
**City-St-Zip:** BOCA RATON, FL 33481 US

**Title:** MGR  
**Name:** HUGHES, STEPHEN  
**Address:** PO BOX 812759  
**City-St-Zip:** BOCA RATON, FL 33481 US

I hereby 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:** STEPHEN B HUGHES

MEMB

04/24/2012

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