


**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90036 022 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L06000029031</b>					
1. Entity Name N424WB, LLC					
Principal Place of Business 3795 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34240			Mailing Address 3795 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34240		
2. Principal Place of Business - No P.O. Box #		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			
SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236		Name <u>Norma C. Whipp</u> Street Address (P.O. Box Number is Not Acceptable) <u>3795 Sarasota Golf Club Blvd.</u> City <u>Sarasota</u> FL Zip Code <u>34240</u>			
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 <u>Norma C. Whipp</u>		DATE <u>4/1/07</u>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHIPP, NORMA C 3795 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34240	<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 BLACK, GERALD W 3795 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34240	<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 606, Florida Statutes.					
SIGNATURE: <u>Norma C. Whipp</u>		DATE <u>4/1/07</u> 941-377-7711			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			

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02172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0295310 Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required