2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 11, 2007 8:00 am Secretary of State

DOCUMENT # L06000050070 1. Entity Name WBM ENTERPRISES, LLC					07-11-2007 90012 039 ****50.00					
Principal Plac	e of Business	Mailing Address				·				
5445 GLORIA	anné drive	5445 GLORIANNE DRIVE	GLORIANNE DRIVE							
JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207)7							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3. DAO LIMANN ROAD		DAC						
Suite, Apt.		Suite, Apt. #, etc.	(/4/5 //		05082007	Chg-LLC	CR2E08	3 (12/06)		
City & Stat	е	City & State			4. FEI Numbe	er			plied For	
JACKSONIVILLE, TL		JACKSONVILLE, FC			20-	487949		No	t Applicable	
Zip 3みよ3	S4 US A	32234	Country S A	ŧ	5. Certificate	of Status Desired		5.00 Add		
	6. Name and Address of Current R				7. Name and	Address of New				
Name CENERAL RUSINESS SERVICES										
GENERAL BUSINESS SERVICES 12412 SAN JOSE BLVD				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 101 JACKSON	VILLE, FL 32223						•••			
				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.										
_	lions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent ar	of little of applicable (NOTE: I	Registered Agent signati	ura raquiradi			DATE			
		(1010.	negisialeo Ageni signati	or a required	wiseri remstatirig)					
	ling Fee is \$50.00 by September 14, 2007	(vote)	naganiev Ayerii sigrad	ore required.	when leading)		ake check pa da Departme		Ð	
	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMBER		10.			Flori	ake check pa		B	
9.	ling Fee Is \$50.00 by September 14, 2007 MANAGING MEMBER		10.			ADDITION	ake check pa da Departme		B ← Addition	
Due I	ing Fee is \$50.00 by September 14, 2007 MANAGING MEMBER MGRM MUSICK, WAYNE	IS/MANAGERS	10. TITLE NAME	MGA	M.	ADDITION:	ake check pa da Departma S/CHANGES	nt of State		
9. TITLE NAME	ling Fee Is \$50.00 by September 14, 2007 MANAGING MEMBER	IS/MANAGERS	10.	MGA Mu 22	M SICK, W	ADDITION	ake check pa da Departma S/CHANGES	TA Change		
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM MUSICK, WAYNE 5445 GLORIANNE DRIVE JACKSONVILLE, FL 32207 MGRM	IS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGA Mu 20 JA	M SICK, W O LIMA CKSONI	ADDITION AYNE NN RO LUE, F	ake check padda Departma S/CHANGES O.A.D	TA Change		
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY	IS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGA Mu 20 JA	M SICK, W O LIMA CKSONI	ADDITION AYNE NN RO LUE, F	ake check padda Departma S/CHANGES O.A.D	Change	☐ Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM MUSICK, WAYNE 5445 GLORIANNE DRIVE JACKSONVILLE, FL 32207 MGRM	IS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departme	Change	☐ Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	IS/MANAGERS Delete	10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION AYNE NN RO LUE, F	ake check pada Departme	Change	☐ Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departme	M Change 34 Q Change	Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departme	M Change 34 Q Change	Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete	10. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departme	M Change 34 Q Change	Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departme	Change Change Change Change Change	Addition Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departme	Change Change Change Change Change	Addition Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete	10. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departma	Change Change Change Change Change	Addition Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete Delete	10. IIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departma	Change Change Change Change	Addition Addition Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete Delete	IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departma	Change Change Change Change	Addition Addition Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete Delete	10. IIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN RO SILLE, F BETTY ANN R	ake check pada Departments S/CHANGES OAD C 322 OAD FL 32	Change Change Change Change	Addition Addition Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete Delete Delete	10. IIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN R SILLE, F BETTY ANN R	ake check pada Departments S/CHANGES OAD C 322 OAD FL 32	Change Change Change Change	Addition Addition Addition Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	MANAGING MEMBER MGRM MUSICK, WAYNE JACKSONVILLE, FL 32207 MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE	S/MANAGERS Delete Delete Delete Delete	ID. IIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGA JA JA MGA MGA	M SICK, W O LIMA CKSONI M SICK I	ADDITION ADVINE NN R SILLE, F BETTY ANN R	ake check pada Departments S/CHANGES OAD C 322 OAD FL 32	Change Change Change Change	Addition Addition Addition Addition	

11. I nereby 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.
Detty / Music

SIGNATURE: Detty Musick 7-6-07 (904)266-000° SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deptime Proces