


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-11-2007 90012 039 \*\*\*\*50.00

<b>DOCUMENT # L06000050070</b>					
<b>1. Entity Name</b> <b>WBM ENTERPRISES, LLC</b>					
<b>Principal Place of Business</b> 5445 GLORIANNE DRIVE JACKSONVILLE, FL 32207			<b>Mailing Address</b> 5445 GLORIANNE DRIVE JACKSONVILLE, FL 32207		
<b>2. Principal Place of Business - No P.O. Box #</b> 220 LIMANN ROAD		<b>3. Mailing Address</b> 220 LIMANN ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b> JACKSONVILLE, FL		<b>4. FEI Number</b> 20-4879451	
<b>Zip</b> 32234		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GENERAL BUSINESS SERVICES 12412 SAN JOSE BLVD SUITE 101 JACKSONVILLE, FL 32223			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM MUSICK, WAYNE 5445 GLORIANNE DRIVE JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM MUSICK, WAYNE 220 LIMANN ROAD JACKSONVILLE, FL 32234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM MUSICK, BETTY 5445 GLORIANNE DRIVE JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM MUSICK, BETTY 220 LIMANN ROAD JACKSONVILLE, FL 32234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Betty Musick</i>			7-6-07 (904) 266-0007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		