


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000050070</b> 1. Entity Name WBM ENTERPRISES, LLC	
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Principal Place of Business 220 LIMANN ROAD JACKSONVILLE, FL 32234	Mailing Address 220 LIMANN ROAD JACKSONVILLE, FL 32234
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4879451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GENERAL BUSINESS SERVICES 12412 SAN JOSE BLVD SUITE 101 JACKSONVILLE, FL 32223	<b>DO NOT WRITE IN THIS SPACE</b>
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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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000898665  
04/28/08-80006-007 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSICK, WAYNE 220 LIMANN ROAD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSICK, BETTY 220 LIMANN ROAD JACKSONVILLE, FL 32234
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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:** Wayne O Musick **4-10-08** **904-266-0007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #