## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L06000059944



Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90052 001 \*\*\*\*50.00

| 1. Entity Name<br>W/B LAND   | VENTURE, LLC   |                                   |  |  |                        |  |   |                               |
|--|--|-----------------------------------|--|--|------------------------|--|---|-------------------------------|
| Principal Place of Business  |  | Mailing Address                   | Mailing Address  |  | <b>-</b>               | 60043800   | 1   |                               |
| 2121 PONCE DE LEON BLVD., SUITE 1250<br>CORAL GABLES, FL 33134   |  |                                   | 2121 PONCE DE LEON BLVD., SUITE 1250<br>CORAL GABLES, FL 33134   |  |                        | •          |   |                               |
| Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address                | 3. Mailing Address   |  |                        |  |   |                               |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.               | Suite, Apt. #, etc.  |  | 04182007               | Chg-LLC  | CR2E083 (12/06  | 5)                            |
| City & State   |  | City & State                      | City & State   |  | 4. FEI Numb            | 50595 <b>5</b>                                   | -8  | Applied For<br>Not Applicable |
| Zip  | Country Zip Cou  |                                   | Coun   | ntry   | 5. Certificat          | e of Status Desired                              | □ \$5.00 A<br>Fee Requi   |                               |
|  | 6. Name and Address of Curre                             | ent Registered Agent              |  | 11000  | 7. Name an             | d Address of New R                               | egistered Agent   |                               |
| STEARNS WEAVER MILLER WEISSLEI<br>SITTERSON, P.A., C/O RICHARD E. SC<br>150 WEST FLAGLER STREET, SUITE 2   |  | SCHATZ                            |  | Name Street Address (P.O. Box Number is Not Acceptable)  |                        |  |   |                               |
| MIAMI, FL 3  |  | 2200                              |  |  |                        |  |   |                               |
|  | •  |                                   |  | City   |                        |  | FL Zip Co   | ode                           |
|  | amed entity submits this statements of registered agent. | at for the purpose of changing it | s register   | ed office or regis   | tered agent, or b      | oth, in the State of Flo                         | orida. I am familiar wit  | h, and accept                 |
| SIGNATURE  | gnature, typed or printed name of registered a           | pent and title if applicable. (NO | TE: Registere  | ed Agent signature requ  | ired when reinstating) |  | DATE  |                               |
|  |  | <u> </u>                          |  |  |                        | r "  |   |                               |
|  | ng Fee is \$50.00<br>b by May 1, 2007                    |                                   |  |  |                        |  | e check payable to<br>a Department of St  |                               |
| Due  | ь Бу Мау 1, 2007   | 1BERS/MANAGERS                    | 10.  | 17.77  | 1 1 1                  |  | CHANGES   | ate                           |
| 9. TITLE NAME STREET ADDRESS   | ь Бу Мау 1, 2007   | MBERS/MANAGERS                    | T#TL<br>NAM<br>STRI  | E ( ) AE EET ADDRESS   | BRM<br>EISEN,          | ADDITIONS/                                       | CHANGES  CHANGES  CHANGES  CHANGES  | Addition                      |
| 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP   | ь Бу Мау 1, 2007   | ☐ Delete                          | TITL<br>NAM<br>STRI<br>CITY  | E 40 AE EET ADDRESS 7-ST-ZIP   |                        | ADDITIONS/                                       | a Department of State  CHANGES  Changes  Changes  Changes  Changes  Changes  Changes  | a Addition                    |
| 9. TITLE NAME STREET ADDRESS   | ь Бу Мау 1, 2007   |                                   | TITL NAM STRI CITY TITL NAM STRI   | E AE EET ADDRESS (-ST-ZIP  EET ADDRESS 2) EET ADDRESS 2)   |                        | ADDITIONS/  ADDITIONS/  WAREN  RE SE LEC  PARLES | CHANGES  CHANGES  CHANGES  CHANGES  | Addition                      |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | ь Бу Мау 1, 2007   | ☐ Delete                          | TITL NAM STRI CITY TITL NAM STRI   | E AGE EET ADDRESS (-ST-ZIP E AGE AE  |                        | ADDITIONS/  ADDITIONS/  WAREN  RE SE LEC  PARLES | DEPARTMENT OF STATES  CHANGES  Change  Change | Addition                      |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | ь Бу Мау 1, 2007   | ☐ Delete                          | THE NAME STRICT OF THE NAME STRICT OF THE NAME STRICT NAME NAME NAME NAME NAME NAME NAME NAME | E AE  EET ADDRESS  F-ST-ZIP  EET ADDRESS  F-ST-ZIP  E  |                        | ADDITIONS/  ADDITIONS/  WAREN  RE SE LEC  PARLES | CHANGES  CHANGES  CHANGES  CHANGES  CHANGES  CHANGES  | Addition                      |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   | ь Бу Мау 1, 2007   | ☐ Delete                          | TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI STRI STRI STRI STRI STRI STRI STRI   | E EET ADDRESS Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E AE  E EET ADDRESS Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E  |                        | ADDITIONS/  ADDITIONS/  WAREN  RE SE LEC  PARLES | DEPARTMENT OF STATES  CHANGES  Change  Change | Addition  Addition  Addition  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | ь Бу Мау 1, 2007   | ☐ Delete ☐ Delete ☐ Detete        | TITL NAM STRI CITY TITL NAM STRI STRI STRI STRI STRI STRI STRI STRI   | E EET ADDRESS Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E AE  EET ADDRESS Y-ST-ZIP  E AE  EET ADDRESS Y-ST-ZIP  E AE  EET ADDRESS Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP |                        | ADDITIONS/  ADDITIONS/  WAREN  RE SE LEC  PARLES | DEPARTMENT OF STATES  CHANGES  Change  Change  Change  Change  Change  Change   | Addition  Addition  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 608, Florida Statutes.