


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L06000059948 1. Entity Name W/B INDRIO ROAD GP, LLC |  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE 1250 CORAL GABLES, FL 33134 | Mailing Address 2121 PONCE DE LEON BLVD., SUITE 1250 CORAL GABLES, FL 33134 |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



04172008No Chg-LLC CR2E083 (12/07)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 20-5059706 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF &
SITTERSON, P.A., C/O RICHARD E. SCHATZ
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

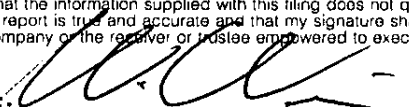
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WEISER, WARREN 2121 PONCE DE LEON BLVD #1250 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BROOKS, CAROL 2121 PONCE DE LEON BLVD #1250 CORAL GABLES, FL 33134 |
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U00000936933
05/27/08-80029-029 138.75

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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:  **4/21/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #