

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065935

Entity Name: WTM LLC

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

7451 NW 7 CT
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7451 NW 7 CT
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-5131881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOYD, WALTER G
7451 NW 7 CT
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

LOYD, WALTER T MGR
7451 NW 7 CT
PLANTATION, FL 33317 US

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.

SIGNATURE: WALTER T. LOYD

02/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOYD, WALTER G
Address: 7451 NW 7 CT
City-St-Zip: PLANTATION, FL 33317

Title: MGR () Delete
Name: BYRNE, MICHAEL
Address: 7451 NW 7 CT
City-St-Zip: PLANTATION, FL 33317

Title: MGR () Delete
Name: BOONE, WINTON
Address: 7451 NW 7 CT
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOYD, WALTER T
Address: 7451 NW 7 CT
City-St-Zip: PLANTATION, FL 33317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER T. LOYD

MGR

02/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date