

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087808

Entity Name: WALLIS ROAD PROPERTIES, LLC

FILED  
Jan 07, 2007  
Secretary of State

**Current Principal Place of Business:**

656 CARRIAGE HILL LANE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

656 CARRIAGE HILL LANE  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 20-5582597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEIN, ANDREW K  
% BLOCH, MINERLEY & FEIN P.L.  
980 NORTH FEDERAL HIGHWAY, STE. 412  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

FEIN, ANDREW K  
BLOCH, MINERLEY & FEIN P.L.  
980 NORTH FEDERAL HIGHWAY, STE. 412  
BOCA RATON, FL 33432 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:

01/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FARIS, JAMES  
Address: 656 CARRIAGE HILL LANE  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: FARIS, RANDI  
Address: 656 CARRIAGE HILL LANE  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

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: RANDI FARIS

MGRM

01/07/2007

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