

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 JUN -4 P 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000118898</b> 1. Entity Name <b>WAGNER SQUARE HOLDINGS, LLC</b>					
Principal Place of Business 1175 N.E. 125TH STREET SUITE 103 MIAMI, FL 33161			Mailing Address 1175 N.E. 125TH STREET SUITE 103 MIAMI, FL 33161		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>KOLSKY, DEBRA S</b> <b>1175 N.E. 125TH STREET</b> <b>SUITE 103</b> <b>MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Managing Member</i> <input type="checkbox"/> Delete <i>Debra S. Kolsky</i> <i>1175 NE 125 ST. #103</i> <i>North Miami, FL 33161</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>U000000724505</i> <i>05/02/07-80114-013 50.00</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Managing Member</i> <input type="checkbox"/> Delete <i>Ray Payello</i> <i>1175 NE 125 ST. 103</i> <i>North Miami, FL 33161</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Debra S. Kolsky</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<i>4/13/07</i> <i>305-981-4500</i> <small>Date Daytime Phone #</small>		