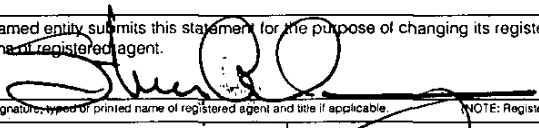


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90160 004 ***138.75

DOCUMENT # L07000021437 1. Entity Name W & D, LLC.			
Principal Place of Business 13801 FRIGATE COURT, M203 CLEARWATER, FL 33762		Mailing Address 13801 FRIGATE COURT, M203 CLEARWATER, FL 33762	
2. Principal Place of Business - No P.O. Box # 13601 Frigate Court Suite, Apt. #, etc. m203 City & State Clearwater FL Zip 33762 Country USA		3. Mailing Address 13601 Frigate Court Suite, Apt. #, etc. m203 City & State Clearwater FL Zip 33762 Country USA	
4. FEI Number 51-0625605		Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUEMIG, STEVE 13801 FRIGATE COURT, M203 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name Duemig, Steve Street Address (P.O. Box Number is Not Acceptable) 13601 Frigate Court, m203 City Clearwater State FL Zip Code 33762	
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:  DATE: 4-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUEMIG, STEVE 13801 FRIGATE COURT, M203 CLEARWATER, FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Duemig, Steve 13601 Frigate Court, m203 Clearwater, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, EDWARD D 2966 MISSY DRIVE MERRITTA, GA 30062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: 		Date: 4-29-08 Daytime Phone #: 813-629-5657	