
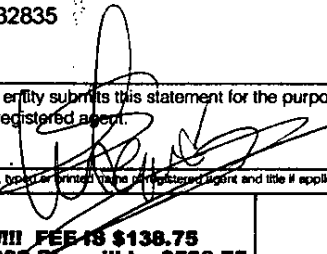
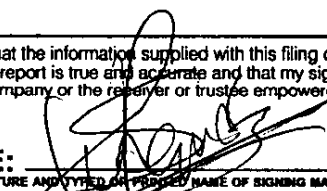


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90118 004 \*\*\*138.75

<b>DOCUMENT # L07000048283</b> 1. Entity Name <b>WS R GLOBAL MANAGENT L.L.C.</b>					
Principal Place of Business <b>5132 CONROY RD 928 ORLANDO, 32811</b>			Mailing Address <b>5132 CONROY RD 928 ORLANDO, 32811</b>		
2. Principal Place of Business - No P.O. Box # <b>7748 Sugar bend Dr</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>7748 Sugar bend Dr</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>20-9988774</b>	
Zip <b>32819</b>		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04122008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>MONTERO, ANTONIO 6137 METROWEST BLVD 208 ORLANDO, FL 32835</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>4-12-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NATALIE, NICHOLAS 5132 CONROY RD ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NATALIE, NICHOLAS 7748 Sugar bend Dr ORLANDO FL 32819
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WAGNER, SANDOVAL R 5132 CONROY RD ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WAGNER, SANDOVAL R 7748 Sugar bend Dr. ORLANDO FL 32819
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty rows for additional members/changes)					
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> 			Date <b>04-12-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					