

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90067 042 ****50.00

DOCUMENT # L98000002375

1. Entity Name
W-B REALTY HOLDINGS, L.C.



Principal Place of Business Mailing Address
6651 DARTER COURT FORT PIERCE FL 34945 **6651 DARTER COURT FORT PIERCE FL 34945**

2. Principal Place of Business **114 ANNAPOLIS STREET** 3. Mailing Address **SOME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **ANNAPOLIS, MD** City & State

Zip **21401** Country **USA** Zip Country

4. FEI Number **05-0501384** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required.



MOORE CR2E083 (4/04)

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **ANNAPOLIS** **FL**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BURRUSS, WILLIAM F JR.	
STREET ADDRESS	6651 DARTER COURT	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	114 ANNAPOLIS STREET	
CITY-ST-ZIP	ANNAPOLIS, MD 21401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Candi Maxey* **8-31-04** **410-288-8890**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #