2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002558

1. Entity Name
WB ACQUISITION LLC

Principal Place of Business	Mailing Address
9330 NW 110TH AVE. MIAMI, FL 33178	9330 NW 110TH AVE. MIAMI, FL 33178

01092006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0293375
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIAZ, FAUSTO G
STREET ADDRESS	9330 NW 110TH AVE.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	DIAZ, ROSA M
STREET ADDRESS	9330 NW 110TH AVE.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	DIAZ, REMEDIOS
STREET ADDRESS	9330 NW 110TH AVE.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	DIAZ OLIVER, FAUSTO
STREET ADDRESS	9330 NW 110TH AVE.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80015-008 55.00

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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.*

SIGNATURE: Remedios Diaz 1/10/06 305-887-0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Remedios Diaz