


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000002558 1. Entity Name WB ACQUISITION LLC	
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Principal Place of Business 9330 NW 110TH AVE. MIAMI, FL 33178	Mailing Address 9330 NW 110TH AVE. MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0293375	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

**DO NOT WRITE
IN THIS SPACE**

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)

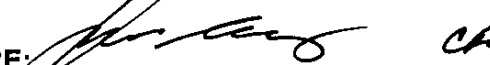
**Filing Fee is \$50.00
Due by May 1, 2007**

U000000595488
01/23/07-80042-003 158.75

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

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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:  **CFE** 1/9/07 305-913-0601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #