


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90171 030 \*\*\*138.75

<b>DOCUMENT # L99000002808</b> 1. Entity Name W & H ASSOCIATES, L.L.C.	
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Principal Place of Business 2578 LONE PINE RD PALM BEACH GARDENS, FL 33410	Mailing Address 2578 LONE PINE RD PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0910485	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HOLMES, MARK 2578 LONE PINE ROAD PALM BEACH GARDENS, FL 33410
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**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)


DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLMES, MARK 2578 LONE PINE ROAD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHLMAYER, CLAYTON 4241B NORTHLAKE BL PB GARDENS, FL 33410
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**DO NOT WRITE  
IN THIS SPACE**

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**  **MARK HOLMES**  
- MANAGING MEMBER - 4-14-08 (800) 945-2101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #