

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90078 008 ****50.00

DOCUMENT # L99000008227

1. Entity Name
W.F. CAPITAL PARTNERS L.L.C.



Principal Place of Business
20 SPOONBILL ROAD
MANALAPAN, FL 33462 US

Mailing Address
20 SPOONBILL ROAD
MANALAPAN, FL 33462 US



08092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0967847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEITZ, ETHAN
20 SPOONBILL ROAD
MANALAPAN, FL 33462

Schain, Ronald
2699 Stirling Rd
#B206
Ft. Lauderdale, FL 33312

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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

Filing Fee is \$50.00
Due by September 8, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEITZ, SANDRA H
STREET ADDRESS	20 SPOONBILL ROAD
CITY-ST-ZIP	MANALAPAN, FL 33462
TITLE	MGRM
NAME	ETHAN WEITZ LIVING TRUST
STREET ADDRESS	20 SPOONBILL ROAD
CITY-ST-ZIP	MANALAPAN, FL 33462
TITLE	Mgr
NAME	Weitz Family Trust
STREET ADDRESS	20 Spoonbill Rd
CITY-ST-ZIP	Manalapan, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-9-06