

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90046 049 \*\*\*138.75

**DOCUMENT # M01000001428**

1. Entity Name  
WSG DULLES GP, L.L.C.



Principal Place of Business  
400 ARTHUR GODFREY RD  
SUITE #200  
MIAMI BEACH, FL 33140

Mailing Address  
400 ARTHUR GODFREY RD  
SUITE #200  
MIAMI BEACH, FL 33140

**60030202**



03182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1118781

Applied For  
Not Applied

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 MGR  
NAME SHEPPARD, ERIC D  
STREET ADDRESS 400 ARTHUR GODFREY RD. STE 200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE MGR  
NAME WOLMAN, PHILIP  
STREET ADDRESS 400 ARTHUR GODFREY RD. STE 200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 \_\_\_\_\_

4/24/08