


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000001404 1. Entity Name WHLS OF FLORIDA, LLC	
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Principal Place of Business 159 S. MAIN STREET, SUITE 600 AKRON, OH 44308	Mailing Address 159 S. MAIN STREET, SUITE 600 AKRON, OH 44308
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0727572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BMD FLORIDA SERVICE, LLC 76 S LAURA ST SUITE 2110 JACKSONVILLE, FL 32202

**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

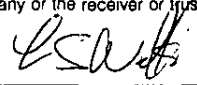
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 500- SMC LLC 159 SOUTH MAIN ST, SUITE 500 AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

U000000743337
05/15/07-80105-009 50.00

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:  **Lee S. Walko Asst. Sec.** **4-24-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #