

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000368

FILED  
Mar 20, 2005  
Secretary of State

**Entity Name:** WD CAIRNES LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

604A CYPRESS POINT CIRCLE  
MT. LAUREL, NJ 08054

**New Principal Place of Business:**

**Current Mailing Address:**

604A CYPRESS POINT CIRCLE  
MT. LAUREL, NJ 08054

**New Mailing Address:**

10402 CR 44  
LEESBURG, FL 34788

**FEI Number:** 20-0472892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAIRNES, W. DENTON  
10402 CR 44  
LEESBURG, FL 34788 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CAIRNES, W. DENTON  
Address: 604A CYPRESS POINT CIRCLE  
City-St-Zip: MT. LAUREL, NJ 08054

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** W. DENTON CAIRNES

MGR

03/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date