
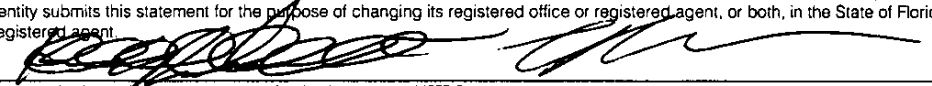



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 045 ****50.00

DOCUMENT # M04000002229 1. Entity Name W.G. PROPERTIES, L.L.C.					
Principal Place of Business 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312			Mailing Address 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 			
95 S Federal Hwy, Ste 200 Boca Raton, FL 33432		95 S Federal Hwy, Ste 200 Boca Raton, FL 33432		02162007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 36-4144107		Applied For <input type="checkbox"/> Not Applicable			
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDSON, CHRISTOPHER 3900 SW 30 AVE STE3 FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Christopher Richardson Street (table) 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432 City FL Zip Code		
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  DATE 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, KENNETH E 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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  DATE 4/27/07 DAYTIME PHONE # 561-869-4300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

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