


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002806 1. Entity Name WREC CLARE LLC	
---	---

Principal Place of Business
**ONE PARK ROW, 4TH FLOOR
PROVIDENCE, RI 02903**

Mailing Address
**ONE PARK ROW, 4TH FLOOR
PROVIDENCE, RI 02903**



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1174356

Applied For
☐ Not Applicable

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DDW PRECISION PARK HOLDINGS LLC
STREET ADDRESS	ONE PARK ROW, 4TH FLOOR
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	MGRM
NAME	RNW PRECISION PARK HOLDINGS LLC
STREET ADDRESS	ONE PARK ROW, 4TH FLOOR
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	MGRM
NAME	BERNARD WASSERMAN GRANTOR RET. ANN. TRUST
STREET ADDRESS	ONE PARK ROW, 4TH FLOOR
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	MGRM
NAME	LEAHY, CHRISTOPHER D
STREET ADDRESS	ONE PARK ROW, 4TH FLOOR
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000557945
05/17/06-80073-009 50.00

**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: _____

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

David Wasserman

1/19/06

Date

401-274-5700

Daytime Phone #