

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M04000005609</b><br>1. Entity Name<br>WAB DEPOT ORL LLC |  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                              |                                                                                  |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br>1114 AVENUE OF THE AMERICAS, SUITE 3400<br>NEW YORK, NY 10036 | Mailing Address<br>1114 AVENUE OF THE AMERICAS, SUITE 3400<br>NEW YORK, NY 10036 |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|



01182006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                 |                                 |
|---------------------------------|---------------------------------|
| 4. FEI Number<br>NOT APPLICABLE | Applied For<br>(Not Applicable) |
|---------------------------------|---------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 |
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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 \_\_\_\_\_

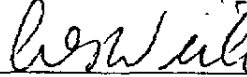
**Filing Fee is \$50.00  
Due by May 1, 2006**

000000440775  
03/03/06-80011-003 50.00

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                                                             |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>THE WELLER-ARROW INVESTMENT COMPANY<br>1114 AVENUE OF THE AMERICAS, SUITE 3400<br>NEW YORK, NY 10036 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                             |

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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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:**  **2/16/06** **212-869-9700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #