2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000002462

1. Entity Name
WV567, LLC

Principal Place of Business	Mailing Address
101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103	101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103

01302006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0666199
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WESTMAN, RONALD F
2033 MAIN STREET, SUITE 405
SARASOTA, FL 34237

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WESTMAN, RONALD F
STREET ADDRESS	2033 MAIN STREET, SUITE 405
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	MGR
NAME	WESTMAN, PAULINE M
STREET ADDRESS	2033 MAIN STREET, SUITE 405
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	MGR
NAME	WILSON, DONALD L
STREET ADDRESS	101 NORTH MAIN STREET
CITY-ST-ZIP	BERRIEN SPRINGS, MI 49103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-00031-018 50.00

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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: Don L Wilson Don L Wilson, Manager 1/30/06 269-473-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #