


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90035 020 ***138.75

DOCUMENT # M05000002462 1. Entity Name WV567, LLC	
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Principal Place of Business 101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103	Mailing Address 101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103
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DO NOT WRITE IN THIS SPACE

04302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0666199	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WESTMAN, RONALD F 2033 MAIN STREET, SUITE 405 SARASOTA, FL 34237

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTMAN, RONALD F 2033 MAIN STREET, SUITE 405 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTMAN, PAULINE M 2033 MAIN STREET, SUITE 405 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, DONALD L 101 NORTH MAIN STREET 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	

**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: Don L Wilson, Manager 4/30/08 (269)473-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #