FILE NOW: Fee after May 1, will be \$588.75

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|---|----------------------------------|---|---------------------------------------|--------------------------|--|--------------------------------|---|---|----------------------|--|----------------------------|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State | | | | | | | | | | | | |
| | | | | | | | orate ORATIONS | FILED | | | | |
| FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | 97 FEB 12 AH11: 48 | | | | |
| 1. Name and Malling Address of Limited Liability Company DOCUMENT #19500000357 | | | | | | | | LALLAMASSEE, FLORIDA | | | | |
| WAM FLORIDA ACQUISITIONS, L.C. | | | | | | | | 1a. Principal Place of Business Address | | | | |
| 3 00, 509 - 8TH AVENUE S.W. CALGARY, ALBERTA | | | | | | | | 3 00, 509 - 8TH AVENUE S.W . CALCARY, ALBERTA CANADA T2P IGI | | | | |
| CANADA T2P IGI | | | | | | | | | | | | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in a Principal Place of Business 2. Mailing Address | | | | | | | | 2a. 3. Date Organized or Qualified 3a. State of Formation | | | | |
| E: T tillbipar t tass of Essimos | | | | #701, 10201 Jasper Ave | | | | 1 | | rx | | |
| | | | | Suite, Apt. #, etc. | | | | 4. FEI Number Applied For | | | | |
| City & Stat | te | City & State | | | | 98-0142668 Noi Applicable | | | | | | |
| Edmonton, Alberta Zio Country | | | | Edmor | nton, | Alber | | 5. Date of Last Report | | 6. Certificate of Sta | itus Desired | |
| Zip T5J | T5J 3N7 Canada | | 1 | l | | | nada | 03/29/1996 | | sas 75 Adodional Fee Required | | |
| | | and Address of | Current Reg | istered A | Agent | | Name | 8. Name and A | ddress of New Re | glatered Agent | | |
| C T CORPORATION SYSTEM | | | | | | | Name | | | | | |
| 1200 SOUTH PINE ISLAND ROAD Street | | | | | | | Street Address (| treet Address (P.O. Box Number is Not Acceptable) | | | | |
| PLANTATION FL 33324 | | | | | | | Suite, Apt. #, etc. | | | | | |
| | | | | | | | | | | | | |
| | | | | | | City | | | FL | Zip Code | | |
| its register | red office or regi | sions of Sections istered agent, or t accept the obliga | both, in the Sta | 608.508, ite of Flori | Florida Sta ida. Such ch | itutes, the ab nange was au | ove-named limite uthorized by affirm | d liability compan ative vote of a maj | v submits this state | ment for the purpose s. I hereby accept the | of changing appointment | |
| SIGNATU | JRE | | | atena - 11 " | OTE Projets | d Angel signet | required when reinstati | ng) | _ DATE | | | |
| (Registered Agent Accepting Appointment) 10. Title Managing Members/Managers | | | | | (NOTE Registered Agent signature required when reinstating Business Street Address | | | | | | | |
| | | | | | | | | | | | | |
| MGR | SCOTT, | W. GUY | | * | 701, | 10201 | JASPER | AVENUE | EDMONTO | N. ALBERT | A, CA | |
| MGR | EDGAR, | PETER | | ŧ | 701, | 10201 | JASPER | AVENUE | EDMONTO | N. ALBERT | A, CA | |
| MGR | LYONS, | RICKY | | # | 701, | 10201 | JASPER | AVENUE | EDMONTO | N, ALBERT | A CAN | |
| _ | | | | | | | | 40 | -02/17 | 08863* /97- / 01012-)3/75 **** | 001 | |
| | | | | | | | | | | 77, | | |
| J | | •. | | | | | | V. | | (X) \ | | |
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| | <u> </u> | <u> </u> | | | <u> </u> | | | | (N. Electric St. 1.) | I di militari a camata calculata | o lafe-metics | |
| | | | | | | | | | | I further certify that the maging member or magence or managers in Block | | |
| limited lial | bility company on twith an addre | or the receiver of | Trustee entos | were fito | execute this | s report as re | equired by Chapte | r 608, Horida Stat | utes; and that my f | allie appeals in Dioc | K 10, or on an | |
| | | _ | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | クー | | | | | | (| 403) | |

DVIIODIO D(10, 00)

Peter J. Fdgar SIGNATUH AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

eb. 5/97 423-55