

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90205 006 \*\*\*\*50.00

DOCUMENT # L06000008213  
 1. Entity Name  
 WI 1109 LLC.



Principal Place of Business      Mailing Address  
 16300 N.E. 19TH AVE.      16300 N.E. 19TH AVE.  
 SUITE 242      SUITE 242  
 NORTH MIAMI BEACH, FL 33162      NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 18305 BISCAYNE BLVD      18305 BISCAYNE BLVD  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 # 216      # 216

City & State      City & State  
 AVENTURA FLORIDA      AVENTURA FLORIDA  
 Zip      Zip      Country      Country  
 33160      USA      33160      USA



01182007    Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
 00-4705304      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARTHE & LEIGH LLP  
 2455 E. SUNRISE BLVD.  
 SUITE 602  
 FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**      **Make check payable to Florida Department of State**

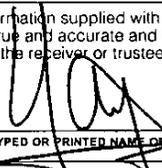
9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IANNELLI, CHRISTIAN	
STREET ADDRESS	16300 N.E. 19TH AVE.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNELLI, CHRISTIAN	
STREET ADDRESS	18305 BISCAYNE BLVD # 216	
CITY-ST-ZIP	AVENTURA FL, 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       Date: 03/14/07      Daytime Phone #: 305-932-0722

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