
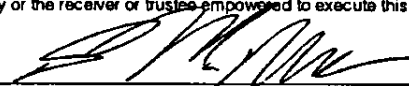


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State

05-02-2005 90087 049 *****55.00

DOCUMENT # M00000000340 1. Entity Name WBCM, LLC					
Principal Place of Business 849 FAIRMONT AVENUE, SUITE 100 BALTIMORE MD 21286				Mailing Address 849 FAIRMONT AVENUE, SUITE 100 BALTIMORE MD 21286	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2144872 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AND PRESIDENT <input type="checkbox"/> Delete DAVID G. MORGAN 849 FAIRMONT AVENUE, SUITE 100 BALTIMORE MD 21286			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM AND EXEC VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT CAPALONGO 849 FAIRMONT AVE BALTIMORE MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input checked="" type="checkbox"/> Delete THOMAS N. WOOLFOLK 849 FAIRMONT AVENUE, SUITE 100 BALTIMORE MD 21286			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM AND EXEC VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REED KIEFER 849 FAIRMONT AVE BALTIMORE MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input checked="" type="checkbox"/> Delete W. HOWARD GARRETT JR. 849 FAIRMONT AVENUE, SUITE 100 BALTIMORE MD 21286			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM AND EXEC VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID FOX 849 FAIRMONT AVE BALTIMORE MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM AND EXEC VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEVIN NIKIEL 849 FAIRMONT AVE BALTIMORE MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DAVID G. MORGAN 3/21/05 410 512 4505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					