## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000008538**1. Entity Name

WC EXCHANGE, LLC

Principal Place of Business

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mailing Address

7380 SAND LAKE ROAD, SUITE 600 7380 SAND LAKE ROAD, SUITE 600 ORLANDO, FL 32819 ORLANDO, FL 32819

FILED Apr 26, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3669273

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO, FL. 32801 DO NOT WRITE IN THIS SPACE

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				2000 P. C.	Branch State Comment	
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	ed office or registered agent,	or both, in the State	of Florida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE-Benislaves	i Agent signature required when reinstal	ing)	DATE	
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D	ue by May 1, 2005			!		
g.	MANAGING MEMBERS/MANAGERS				<del></del>	
TITLE	MGRM		* = .t.r			
NAME	TEMPUS RESORTS INTIL LTD					
STREET ADDRESS	7380 SAND LAKE ROAD, SUITE 600					
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11. I hereby certify that the Information supplied with this filling 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 refereiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Roger Ferwell, Pres of AP/Tempus LLC, EP of

mar/mamber

4/18/-5

407-226-60-2

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

Daytime Phone #