2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L01000003172

Entity Name: WGML, LLC

Current Principal Place of Business:

890 STATE ROAD 434 N.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

890 STATE ROAD 434 N.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3699904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOODMAN, LAUREN B
890 STATE ROAD 434 NORTH
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GOODMAN, LAUREN B
Address: 860 S.R. 434 N., STE 7
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete
Name: GOODMAN, GLORIA
Address: 860 S.R. 434 N., STE 7
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete
Name: GOODMAN, MICHAEL A
Address: 860 S.R. 434 N., STE 7
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOODMAN, LAUREN B
Address: 890 STATE ROAD 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR (X) Change ( ) Addition
Name: GOODMAN, GLORIA
Address: 890 STATE ROAD 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR (X) Change ( ) Addition
Name: GOODMAN, MICHAEL A
Address: 890 STATE ROAD 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAUREN B. GOODMAN MNGR 01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date