

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001469

Entity Name: ISLAND WENCO, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

1575 ISLAND LANE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

12276 SAN JOSE BLVD., STE. 121
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 80-0029423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOBSON, LEE ANNE
12276 SAN JOSE BLVD., STE. 121
JACKSONVILLE, FL 32223 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: MGRM () Delete
Name: DOBSON, LEE ANNE W
Address: 12276 SAN JOSE BLVD., STE. 121
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM () Delete
Name: DOBSON, JOHN M JR
Address: 12276 SAN JOSE BLVD., STE. 121
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM () Delete
Name: WRAY, ANDREW M IV
Address: 12276 SAN JOSE BLVD., STE. 121
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEEANNE DOBSON

PRES

04/11/2007

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