2004 LIMITED·LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000009492

1. Entity Name
WC COMMONS, LLC

Principal Place of Business	Mailing Address
150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432	150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

04202004No Chg-LLC   CR2E083 (10/03)

4. FEI Number | Applied For
03-0476531 | Not Applicable

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

6. Name and Address of Current Registered Agent

SIMIGRAN, KENNETH H
150 E. PALMETTO PARK RD., STE. 401
BOCA RATON, FL 33432

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000133538
04/27/04-80092-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SIMIGRAN, KENNETH H
STREET ADDRESS	150 E. PALMETTO PARK RD., #401
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	*150 E. PALMETTO PARK ROAD, #340*
CITY-ST-ZIP	*BOCA RATON, FL 33432*
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #