

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90040 039 ****50.00

DOCUMENT # L02000009492 1. Entity Name WC COMMONS, LLC			
Principal Place of Business 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432		Mailing Address 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432	
2. Principal Place of Business Suite, Apt. #, etc. PLEASE NOTE OUR NEW ADDRESS:		3. Mailing Address 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432	
City & State 120 E. PALMETTO PARK ROAD Zip SUITE 410 BOCA RATON, FL 33432		4. FEI Number 03-0476531	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name PLEASE NOTE OUR NEW ADDRESS: Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 FL	
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 DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD., #340 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE NOTE OUR NEW ADDRESS: 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 (561) 394-7400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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