

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025109

Entity Name: WC PROPERTIES, LLC

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

6105 MEMORIAL HIGHWAY  
SUITE C  
TAMPA, FL 336154557 US

**New Principal Place of Business:**

5550 W. EXECUTIVE DRIVE  
SUITE 310  
TAMPA, FL 33609 US

**Current Mailing Address:**

6105 MEMORIAL HIGHWAY  
SUITE C  
TAMPA, FL 336154557

**New Mailing Address:**

5550 W. EXECUTIVE DRIVE  
SUITE 310  
TAMPA, FL 33609 US

FEI Number: 75-3082473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEST, JOHN B  
16408 MILLAN DE AVILA  
TAMPA, FL 33613 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: WEST, JOHN B  
Address: 16408 MILLAN DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: MGRM ( ) Delete  
Name: CATES, PHILLIP A  
Address: 1047 AVERY CREEK DRIVE  
City-St-Zip: WOODSTOCK, GA 30188

**ADDITIONS/CHANGES:**

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 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: JOHN B. WEST

MGRM

01/16/2008

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