

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007731

FILED
Apr 27, 2004
Secretary of State

Entity Name: WILCASTLE PROPERTIES, LLC

Current Principal Place of Business:

8300 PLAZA GATE LANE
UNIT 1022
JACKSONVILLE, FL 32217

New Principal Place of Business:

14894 REEF DRIVE WEST
JACKSONVILLE, FL 32226 US

Current Mailing Address:

PO BOX 54203
JACKSONVILLE, FL 324454203

New Mailing Address:

FEI Number: 16-1657747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKENSHIP, KIMBERLY A ESQ
2716 ST. JOHNS AVE
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

BLANKENSHIP, KIMBERLY A ESQ
13985 CANOBY OVERLOOK COURT
JACKSONVILLE, FL 32224 US

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: KIMBERLY A. BLANKENSHIP

04/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WILLIS, GODFREY C MR
Address: 14894 REEF DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGR () Change (X) Addition
Name: HARDCASTLE, EDGAR G MR
Address: 14894 REEF DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GODFREY C. WILLIS, JR.

MGRM

04/27/2004

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