2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L03000007731

Entity Name: WILCASTLE PROPERTIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
14894 REEF DRIVE WEST JACKSONVILLE, FL 32226 US	

Current Mailing Address:	**New Mailing Address:**
PO BOX 54203 JACKSONVILLE, FL 324454203	14894 REEF DRIVE WEST JACKSONVILLE, FL 32226 US

FEI Number: 16-1657747   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BLANKENSHIP, KIMBERLY A ESQ 13985 CANOBY OVERLOOK COURT JACKSONVILLE, FL 32224 US	WILLIS, GODFREY C 14894 REEF DRIVE WEST JACKSONVILLE, FL 32226 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: GODFREY C. WILLIS, JR   04/28/2005

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Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

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

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   04/28/2005

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