2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

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Entity Name: WCA PROPERTIES, LLC

Current Principal Place of Business:

2394 ST. JOHNS BLUFF ROAD, S.
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2394 ST. JOHNS BLUFF ROAD, S.
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 38-3677843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRICE, WILLIAM
5275 RIVERTON ROAD
JACKSONVILLE, FL 32277 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: PRICE, WILLIAM R
Address: 5275 RIBERTON RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGR ( ) Delete
Name: NAJAFI, ALI A
Address: 12458 MT. PLEASANT WOODS DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Delete
Name: MORSE, CHRISTOPHER E
Address: 626 EGRET BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PRICE, WILLIAM R
Address: 5275 RIVERTON RD.
City-St-Zip: JACKSONVILLE, FL 32277

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 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: WILLIAM R. PRICE MGRM 04/25/2006

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