

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90196 029 ****55.00

DOCUMENT # L03000012146	
1. Entity Name WMC CHICKASAW, LLC	

Principal Place of Business 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751	Mailing Address 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5405 Diplomat Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 100
City & State	City & State ORLANDO, FL
Zip	Country
32810	US

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0027684	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLAYTON, KENNETH M 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751	
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7. Name and Address of New Registered Agent	
Name CLAYTON, KENNETH M.	
Street Address (P.O. Box Number is Not Acceptable) c/o CLAYTON + McCULLOUGH	
City MAITLAND	FL
Zip Code 32751	

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 4/26/07

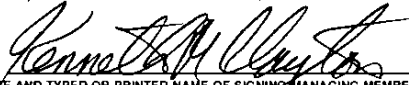
**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON, W. MALCOLM 5405 DIPLOMAT CIR STE 100 ORLANDO, FL 32810 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON INVESTMENTS, LTD 5405 DIPLOMAT CIRCLE, STE 100 ORLANDO, FL 32810 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	KENNETH M. CLAYTON, PRESIDENT	4/26/07	407-875-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #