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	Mailing Address
1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751	1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751

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04262007 Chg-LLC CR2E083 (12/06)

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	Zip 32810	Country US

4. FEI Number 20-0027684 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAYTON, KENNETH M 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751	Name: CLAYTON, KENNETH M. Street Address (P.O. Box Number is Not Acceptable): c/o CLAYTON + McCULLOH 1065 MAITLAND CENTER COMMONS BLVD 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 [signature] DATE 4/26/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	MGRM CLAYTON INVESTMENTS, LTD 5405 DIPLOMAT CIRCLE, STE 100 ORLANDO, FL 32810	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: [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 #