## 2005 LIMITED LIABILITY COMPANY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## **FILED ANNUAL REPORT** Feb 14, 2005 08:00 AM **DOCUMENT # L03000012177** Secretary of State WMC OEP BUILDINGS 1, LLC Principal Place of Business \_\_\_\_ Mailing Address 1065 MAITLAND CENTER COMMONS BLVD. 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751 MAITLAND, FL 32751 01262005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 20-0027730 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLAYTON, KENNETH M DO NOT WRITE 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000223793 Filing Fee is \$50.00 Due by May 1, 2005 ::2/15/05-80013-012 55.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME CLAYTON, W. MALCOM STREET ADDRESS 5405 DIPLOMA CIRCLE STE 100 CITY-ST-ZIP ORLANDO, FL 32810 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify 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 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.