

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012212 1. Entity Name WMC HI-OAKS I, LLC	
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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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DO NOT WRITE IN THIS SPACE

01262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0027724	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

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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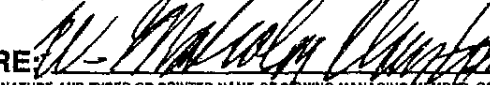
**Filing Fee is \$50.00
Due by May 1, 2005**

000000229789
02/15/05-80013-009 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON, W. MALCOLM 5405 DIPLOMAT CIR., STE. 100 ORLANDO, FL 32810
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	W. Malcolm Clayton MANAGING MEMBER 2/10/05 407-644-6200 Date Daytime Phone #
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