## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 07, 2004 8:00 am Secretary of State

DOCUMENT # L03000023708  1. Entity Name WSGA PROPERTIES, LLC					06-07-20	004 90504 019 ** <sup>;</sup>	**50.00
Principal Place of Business  2065 2ND STREET  ENGLEWOOD, FL 34223 US  Mailing Address  2065 2ND STREET  ENGLEWOOD, FL 34223			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03292004	Chg-LLC	CR2E083 (10/03)	
City & State	City & State			4. FEI Number			plied For t Applicable
Zip Country	Zip	Country		5. Certificate of	of Status Desired	S5.00 Add Fee Required	itional
6. Name and Address of Current Registered Agent				7. Name and	Address of New R	legistered Agent	
MERRY, TED G			me eet Address (	Address (P.O. Box Number is Not Acceptable)			
		Cit	у			FL Zip Cod	
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: I	Registered Ageni		when reinstating)		DATE	. n
Filing Fee is \$50.00		dis Ts ∴stracetar terç		Make check payable to Florida Department of State			
9. MANAGING MEMBI	FRS/MANAGERS	10.			ADDITIONS	CHANGES -	Name :
TITLE MGR NAME MERRY, TED G STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223	☐ Delete	TITLE - `	RESS		, Notificial	☐ Change	Addition
TITLE MGR NAME MERRY, VALERIE J STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	P .			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	RESS	÷	,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADD	i i	<u></u>		☐ Change	Addition
CITY-ST-ZIP	High the second	CITY-ST-ZI	P	<u> </u>	<u> </u>	O NO FIGURE	
NAME STREET ADDRESS CITY-ST-ZP  11: I hereby certify that the information supplied with the control of the cont	Delete Delete	NAME STREET ADS CITY-ST-ZI	Р	action: 119 07/3//	ile;	Change  a professional action for the interest of the control of t	, 

1.1. I needy certify that the information supplied with this liting does not qualify for the exemption stated in Section 118-07(3)(i), Florida Statutes. Truthler certify that the information supplied with this limit described in 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: Melinda K. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TVE

<u>941-475-1788</u>

Daytime Phone #