


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000025275</b> 1. Entity Name WDC MANAGEMENT, LLC	
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Principal Place of Business 4065 MONTALVO DRIVE PENSACOLA, FL 32504	Mailing Address 4065 MONTALVO DRIVE PENSACOLA, FL 32504
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02272008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-8991684	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Wayne D. Carter* (NOTE: Registered Agent signature required when reinstating) DATE 3/1/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CARTEE, WAYNE 4065 MONTALVO DRIVE PENSACOLA, FL 32504
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U00000848430  
03/20/08-80017-011 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Wayne D. Carter* Date 3/1/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #