

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000404

Entity Name: WC FUNDING, LLC

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

119311 GOPHER TRAIL PLACE
LAND O LAKES, FL 34638 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 342324
TAMPA, FL 33694 US

New Mailing Address:

19311 GOPHER TRAIL PLACE
LAND O LAKES, FL 34638 US

FEI Number: 41-2129242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, WILLIAM SR.
19311 GOPHER TRAIL PLACE
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, WILLIAM SR
Address: 19311 GOPHER TRAIL PLACE
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGRM () Delete
Name: MARTINEZ, GAIL
Address: 19311 GOPHER TRAIL PLACE
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGRM () Delete
Name: PALMER, MARY J
Address: 19311 GOPHER TRAIL PLACE
City-St-Zip: LAND O LAKES, FL 34638 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM MARTINEZ

MGRM

02/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date