2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# L04000001336

Entity Name: WISCO HOLDINGS, LLC

Current Principal Place of Business:

29 DAVIS BLVD
TAMPA, FL 33606

New Principal Place of Business:

29 DAVIS BLVD
SUITE B
TAMPA, FL 33606 US

Current Mailing Address:

29 DAVIS BLVD
TAMPA, FL 33606

New Mailing Address:

29 DAVIS BLVD
SUITE B
TAMPA, FL 33606 US

FEI Number: 20-1139622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

SULTENFUSS II, WILLIAM I
29 DAVIS BLVD.
SUITE B
TAMPA, FL 33606 US

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: WILLIAM I SULTENFUSS II 04/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SULTENFUSS, WILLIAM I II
Address: 29 DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

Title: MGR (X) Delete
Name: HINES, JAMES P
Address: 315 S. HYDE PARK AVE.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: SULTENFUSS, WILLIAM I II
Address: 29 DAVIS BLVD., SUITE B
City-St-Zip: TAMPA, FL 33606 US

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

I hereby certify that the information supplied with this filing does not qualify 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 I SULTENFUSS II PRES 04/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date