
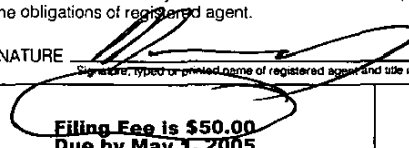
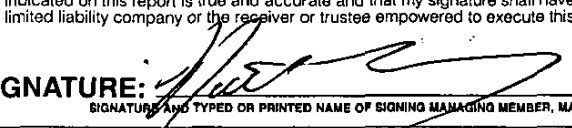


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90432 027 *****50.00

DOCUMENT # L04000011103					
1. Entity Name W C 3 GROUP, LLC					
Principal Place of Business 4907 CARDER ROAD, UNIT 4 ORLANDO, FL 32810			Mailing Address 4907 CARDER ROAD, UNIT 4 ORLANDO, FL 32810		
2. Principal Place of Business 2215 EARLEAF CT		3. Mailing Address P.O. BOX 162903			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LONGWOOD FL		City & State AKA ATLANTIC SPARKS FL		4. FEI Number 20-0798575	
Zip 32779		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: KELLY NATHANIEL C Street Address (P.O. Box Number is Not Acceptable): 2215 EARLEAF CT City: LONGWOOD FL Zip Code: 32779			
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: 				DATE: 3/16/05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY, NATHANIEL C 4907 CARDER ROAD, UNIT 4 ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY NATHANIEL C 2215 EARLEAF CT LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY, WENDY M 4907 CARDER ROAD, UNIT 4 ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY WENDY M 2215 EARLEAF CT LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				DATE: 3/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					