2007 LIMITED LIABILITY COMPANY

May 07, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-07-2007 90373 035 ****50.00 **DOCUMENT # L04000011103** 1. Entity Name W C 3 GROUP, LLC Principal Place of Business Mailing Address 2215 EARLEAF CT PO BOX 162903 LONGWOOD, FL 32779 ALTAMONTE SPRINGS, FL 32716 CR2E083 (11/05) 03302007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0798575 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KELLY, NATHANIEL C DO NOT WRITE 2215 EARLEAF CT LONGWOOD, FL 32779 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE KELLY, NATHANIEL C NAME STREET ADDRESS 2215 EARLEAF CT CITY-ST-ZIP LONGWOOD, FL 32779 MGR TITLE KELLY, WENDY M NAME

DO NOT WRITE IN THIS SPACE-

FILED

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 reverse or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2215 EARLEAF CT LONGWOOD, FL 32779

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE