

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021983

Entity Name: WILCAR PROPERTIES LLC

FILED
Mar 12, 2007
Secretary of State

Current Principal Place of Business:

195 J CUTTS DRIVE
VALPARAISO, FL 32580 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1332
NICEVILLE, FL 32588 US

New Mailing Address:

FEI Number: 36-4551320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLINGHAM, MATTHEW J
195 J CUTTS DRIVE
VALPARAISO, FL 32580 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: WILLINGHAM, MATTHEW J
Address: P.O. BOX 1332
City-St-Zip: NICEVILLE, FL 32588 US

Title: MGRM () Delete
Name: CARPENTER, GARY
Address: 1581 PINE STREET
City-St-Zip: NICEVILLE, FL 32578 US

Title: MEM () Delete
Name: CARPENTER, BETTY R
Address: 1581 PINE STREET
City-St-Zip: NICEVILLE, FL 32578 US

Title: MEM () Delete
Name: WILLINGHAM, MICHELE D
Address: P.O. BOX 1332
City-St-Zip: NICEVILLE, FL 32588 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: CARPENTER, BETTY R
Address: 1581 PINE STREET
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM (X) Change () Addition
Name: WILLINGHAM, MICHELE D
Address: P.O. BOX 1332
City-St-Zip: NICEVILLE, FL 32588 US

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: MATTHEW J WILLINGHAM

MGRM

03/12/2007

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