

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90594 001 ****50.00

20020420



03082005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000022704	
1. Entity Name WILRIC INVESTMENTS LLC	



Principal Place of Business 16560 SE 99TH AVENUE SUMMERFIELD, FL 34491	Mailing Address 16560 SE 99TH AVENUE SUMMERFIELD, FL 34491
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2. Principal Place of Business 6000 SE 125TH PL Suite, Apt. #, etc.	3. Mailing Address 6000 SE 125TH PL Suite, Apt. #, etc.
City & State BELLEVUE FL	City & State BELLEVUE FL
Zip 34420	Zip 34420
Country MARION	Country MARION

6. Name and Address of Current Registered Agent DEAN, RICHARD T 16560 SE 99TH AVENUE SUMMERFIELD, FL 34491	
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7. Name and Address of New Registered Agent Name Dean, Richard T. Street Address (P.O. Box Number is Not Acceptable) 6000 SE 125TH PL City BELLEVUE FL Zip Code 34420	
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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 <u>Richard T. Dean</u> DATE <u>Mar 9, 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN, RICHARD T 16560 SE 99 AVE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN RICHARD T. 6000 SE 125TH PL BELLEVUE FL, 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Richard T. Dean</u> <u>Mar 9, 05</u> <u>352-245-7125</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	
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