


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90346 013 ****50.00

DOCUMENT # L04000032204

1. Entity Name
WICKS, LLC



Principal Place of Business Mailing Address

100 S. ASHLEY DRIVE 100 S. ASHLEY DRIVE
 SUITE 1500 SUITE 1500
 TAMPA, FL 33602 TAMPA, FL 33602

40098038

2. Principal Place of Business - No P.O. Box # 3. Mailing Address


1230 S. Myrtle Ave 1230 S. Myrtle Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 401 Ste 401

City & State City & State

Clearwater FL Clearwater FL

Zip Country Zip Country

33756 USA 33756 USA



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 20-1072065 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THORN, W. THOMPSON III
 100 S. ASHLEY DRIVE
 SUITE 1500
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: David Goldman
 Street Address (P.O. Box Number is Not Acceptable):
1230 S. Myrtle Ave
Suite 401
 City: Clearwater FL Zip Code: 33756

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: [Signature] DATE: 4/30/07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOLDMAN, LENORE	
STREET ADDRESS	100 S. ASHLEY DRIVE, SUITE 1500	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: Lenore Goldman DATE: 4/30/07 727-462-6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #