2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# L04000041823

Entity Name: WONSICK HOLDINGS, L.L.C.

Current Principal Place of Business:

1117 E. JOHN SIMS PARKWAY
NICEVILLE, FL 32578

New Principal Place of Business:

540 JOHN SIMS PARKWAY
NICEVILLE, FL 32578

Current Mailing Address:

1117 E. JOHN SIMS PARKWAY
NICEVILLE, FL 32578

New Mailing Address:

540 JOHN SIMS PARKWAY
NICEVILLE, FL 32578

FEI Number: 20-1261555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547 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: WONSICK, KIMBERLEA A
Address: 1117 E. JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete
Name: WONSICK, JAMES J SR
Address: 1117 E. JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WONSICK, KIMBERLEA A
Address: 540 JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM (X) Change ( ) Addition
Name: WONSICK, JAMES J SR
Address: 540 JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLEA A. WONSICK MGRM 03/25/2008

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