

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000046257**

1. Entity Name  
**785 N. WICKHAM, L.L.C.**



Principal Place of Business  
**540 N. HIGHWAY 434, SUITE 530  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**540 N. HIGHWAY 434, SUITE 530  
ALTAMONTE SPRINGS, FL 32714**



06022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-1244343**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, J. WAYNE  
540 N. HIGHWAY 434, SUITE 530  
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLER, J. WAYNE  
540 N. HIGHWAY 434, SUITE 530  
ALTAMONTE SPRINGS, FL 32714**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ARNOLD, MARK C  
1665 KERSLEY CIRCLE  
HEATHROW, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000566957  
06/08/06-80004-005 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *J. Wayne Miller, Managing Member*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*6/2/06* **321-356-3807**

Date

Daytime Phone #