

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059943

Entity Name: WANNCO, L.C.

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

1512 EAST BROWARD BLVD.
SUITE 200
FT. LAUDERDALE, FL 33301 US

Current Mailing Address:

1512 EAST BROWARD BLVD.
SUITE 200
FT. LAUDERDALE, FL 33301 US

FEI Number: 20-1489164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRORY, J. WALTER
1512 EAST BROWARD BLVD., SUITE 200
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

1510 S.E. 17TH STREET
SUITE 400-A
FT. LAUDERDALE, FL 33316 US

New Mailing Address:

1510 S.E. 17TH STREET
SUITE 400-A
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

MCCRORY, J. WALTER
1510 S.E. 17TH STREET
SUITE 400-A
FT. LAUDERDALE, FL 33316 US

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: J. WALTER MCCRORY

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCRORY, J. WALTER
Address: 1512 EAST BROWARD BLVD., SUITE 200
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCRORY, J. WALTER
Address: 1510 S.E. 17TH STREET, SUITE 400-A
City-St-Zip: FT. LAUDERDALE, FL 33316

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: J WALTER MCCRORY

MGRM

03/28/2007

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