

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077768

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** WC INVESTMENT PROPERTIES, LLC

**Current Principal Place of Business:**

218 EAST PINE STREET  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3369  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 43-2064283      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COYLE, JAMES J JR.  
218 EAST PINE STREET  
LAKELAND, FL 33801 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: MGR      ( ) Delete  
Name: COYLE, JAMES J JR.  
Address: 218 EAST PINE STREET  
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR      ( ) Delete  
Name: WILT, LEONARD M  
Address: 218 EAST PINE STREET  
City-St-Zip: LAKELAND, FL 33801 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES J. COYLE JR.      MGR      04/30/2008

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