


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079437 1. Entity Name WCM ENTERPRISES, LLC	
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Principal Place of Business 629 LIGHTHOUSE DR NORTH PALM BEACH, FL 33408	Mailing Address 629 LIGHTHOUSE DR NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



03282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1830015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCULLOUGH, WAYNE
629 LIGHTHOUSE DR
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

6. 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 WCM **DATE** 3-30-06

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCULLOUGH, WAYNE 629 LIGHTHOUSE DR NORTH PALM BEACH, FL 33408
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04/18/06-80047-022 50.00

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: WCM **DATE** 3-30-06 **Daytime Phone #** 561-315-6155

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