## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 05, 2007 8:00 am DOCUMENT # L04000089437 Secretary of State 1. Entity Name 02-05-2007 90196 040 \*\*\*\*50.00 WV PROPERTIES, LLC Principal Place of Business Mailing Address 76 TIMBER COVE COURT HENDERSONVILLE NC 28791 76 TIMBER COVE COURT HENDERSONVILLE NC 28791 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 78 TIMBER COVE 78 TIMBER COVE COURT Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 76-0774586 Hendersonville Handusinville Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 28791 28791 V5 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo VARNADOE GIEN R VARNADOE, GLEN R 76 TIMBER COVE COURT Street Address (P.O. Box Number is Not Acceptable) 30.3 Lake Hollings WORTH LAKELAND FL 33803 Zip Code Lakeland 33603 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR RITE Delete TITLE **⊞** ⊕hange ☐ Addition MGR Walker, MATTHEN B NAME NAME WALKER, MATTHEW B 78 TIMBER COVE COURT STREET ADDRESS STREET ADDRESS 76 TIMBER COVE COURT CITY-ST-7IP HENDERSONVILLE NC 28791 CITY-ST-7IP Hindias avole, NL 28791 Defete TITLE TITLE ☐ Change ☐ Addition MGR NAME NAME VARNADOE, GLEN R STREET ADDRESS STREET ADDRESS 303 LAKE HOLLINGSWORTH DR. CITY-SI-ZIP LAKELAND FL 33803 CITY-SI-7IP TITLE ☐ Delete тии; Change Addition намг STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-SI-7IP TITLE TITLE [] Change ☐ Detete ☐ Addition NAME NAMi STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-S1-ZIP ☐ Delete THEE. ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST- 71P THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

MATTHEN B Walker

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

FILED

1/20/01

828-808-0448

Daylime Phone #