

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089676

FILED
Feb 27, 2009
Secretary of State

Entity Name: WC CORNER PARTNERS LLC

Current Principal Place of Business:

10739 DEERWOOD PARK BLVD., SUITE 103
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

10739 DEERWOOD PARK BLVD., SUITE 103
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-2020868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE SUITE 1300
JACKSONVILLE, FL 32202 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: MGRM () Delete
Name: GIBSON, FORREST
Address: 10739 DEERWOOD PARK BLVD. #103
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: BEECKLER, THOMAS
Address: 9428 BAYMEADOWS ROAD #112
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: MONTGOMERY, LADSON
Address: 10739 DEERWOOD PARK BLVD #107
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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

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: FORREST GIBSON

MGRM

02/27/2009

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