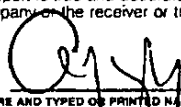


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-09-2006 90153 039 *****50.00

DOCUMENT # L05000001444 1. Entity Name WILCAR VENTURES, LLC					
Principal Place of Business 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAYNE FL 33149			Mailing Address 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAYNE FL 33149		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 610# 20-2580548	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, ANTHONY-T. -- 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAYNE FL 33149				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and date if applicable. DATE					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARADIES, STEPHEN 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAYNE FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARADIES, ROBERT 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAYNE FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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.					
SIGNATURE: 			1/24/06 305-5058919 Date Daytime Phone #		