2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006899

Entity Name: WILCOTECH LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2006 NW 55TH AVE 712 SW 16TH AVE

G11 305

GAINESVILLE, FL 32653 US GAINESVILLE, FL 32601 US

Current Mailing Address: New Mailing Address:

2006 NW 55TH AVE 712 SW 16TH AVE

305

GAINESVILLE, FL 32653 US GAINESVILLE, FL 32601 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

WILCOX, ABRAHAM R WILCOX, ABRAHAM R 2006 NW 55TH AVE 712 SW 16TH AVE 305

GAINESVILLE, FL 32608 US GAINESVILLE, FL 32601 US

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: 04/30/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

WILCOX, ABRAHAM R WILCOX, ABRAHAM R Name: Name: Address: 2006 NW 55TH AVE Address: 712 SW 16TH AVE City-St-Zip: GAINESVILLE, FL 32653 US City-St-Zip: GAINESVILLE, FL 32601 US

Title: MGRM () Delete Title: () Change () Addition

Name: PARSONS, DONALD Name: Address: 5781 EASTVIEW ST Address: City-St-Zip: NORTHRIDGEVILLE, OH 44039 US 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.

MGRM SIGNATURE: ABRAHAM WILCOX 04/30/2008