


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000037359 1. Entity Name 3096 WCP, LLC	
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Principal Place of Business 3090 W. CROWN POINTE BLVD. NAPLES, FL 34112 US	Mailing Address 3090 W. CROWN POINTE BLVD. NAPLES, FL 34112 US
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DO NOT WRITE IN THIS SPACE



05112007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2692190	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FOLEY, DIJANA 3090 W. CROWN POINTE BLVD NAPLES, FL 34112

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IN THIS SPACE**

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 if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLEY, DIJANA 3090 W. CROWN POINTE BLVD. NAPLES, FL 34112
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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Dijana Foley 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #