## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000052291

Entity Name: WKM PROPERTIES LLC

7 WEST MAIN STREET, SUITE 1000

APOPKA, FL 32703 US

Address:

City-St-Zip:

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7 WEST MAIN STREET SUITE 1000 APOPKA, FL 32703 **Current Mailing Address: New Mailing Address:** P. O. BOX 2208 APOPKA, FL 32704 US FEI Number: 20-2905545 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WADE, JAMES H JR. 7 WEST MAIN STREET **SUITE 1000** APOPKA, FL 32703 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MCALLISTER, BRUCE D Name: Name: Address: 1400 GREEN COVE ROAD Address: City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KELLER, CHARLES W Name: Address: 568 SERENITY PLACE Address: City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WADE, JAMES H JR. Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES H. WADE, JR., CPA MGRM 04/24/2009