



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90143 008 ****50.00

DOCUMENT # L05000057508 1. Entity Name WCB PROPERTIES, LLC					
Principal Place of Business 6330 RIVERSIDE DRIVE PUNTA GORDA, FL 33982			Mailing Address % DAROL H.M. CARR 6330 RIVERSIDE DRIVE PUNTA GORDA, FL 33982		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 511238		 02102006 Chg-LLC CR2E083 (11/05)	
City & State		City & State Punta Gorda, FL			
Zip		Zip 33951-1238			
Country		Country			
4. FEI Number 20-2970746				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, DAROL H.M. ESQUIRE FARR, FARR, EMERICH ET AL PA 99 NESBIT STREET PUNTA GORDA, FL 33950-3636			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			m/m DAROL H.M. CARR 6330 Riverside Drive Punta Gorda FL 33982		
[Empty Row]			m/m 21a Butt 24949 Sandhill Boulevard Punta Gorda, FL 33983		
[Empty Row]			m/m George A. Winslow P.O. Box 512116 Punta Gorda, FL 33951-2116		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2-13-06 Daytime Phone # 941-639-1158		