

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000057508

1. Entity Name
WCB PROPERTIES, LLC



Principal Place of Business Mailing Address
6330 RIVERSIDE DRIVE P.O. BOX 511238
PUNTA GORDA, FL 33982 US PUNTA GORDA, FL 33951-1238 US



01092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2970746	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$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**

**DO NOT WRITE
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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**U000000584797
01/12/07-80050-023 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HM CARR, DAROL 6330 RIVERSIDE DRIVE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTT, ZIA 24949 SANDHILL BOULEVARD PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINSLOW, GEORGE A P.O. BOX 512116 PUNTA GORDA, FL 339512116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **1/9/07**

Daytime Phone # _____