2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000057508

1. Entity Name
WCB PROPERTIES, LLC

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

01152008 No Chg-LLC CR2E083 (12/07)

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HM CARR, DAROL
STREET ADDRESS	6330 RIVERSIDE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	MGRM
NAME	BUTT, ZIA
STREET ADDRESS	24949 SANDHILL BOULEVARD
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	MGRM
NAME	WINSLOW, GEORGE A
STREET ADDRESS	P.O. BOX 512116
CITY-ST-ZIP	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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01/22/08-80003-003 138.75

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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 608, Florida Statutes.

SIGNATURE: _____ 1-15-08 941-639-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #