


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90259 012 \*\*\*138.75

<b>DOCUMENT # L05000061330</b>		
1. Entity Name WC GANN LLC		
Principal Place of Business 6279 BAYLOR AVE KEYSTONE HEIGHTS, FL 32656	Mailing Address 6279 BAYLOR AVE KEYSTONE HEIGHTS, FL 32656	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GANN, WILLIAM JR 6279 BAYLOR AVE KEYSTONE HEIGHTS, FL 32656		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>William Gann</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
4. FEI Number 56-2521310		
Applied For Not Applicable		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GANN, WILLIAM JR 6275 BAYLOR AVE KEYSTONE HEIGHTS, FL 32656	<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u>William Gann</u> (352) 235-6186 Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		

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