

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079483

Entity Name: 765 NORTH WICKHAM, LLC

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

1665 KERSLEY CIRCLE
HEATHROW, FL 32746

New Principal Place of Business:

540 NORTH HIGHWAY 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1665 KERSLEY CIRCLE
HEATHROW, FL 32746

New Mailing Address:

540 NORTH HIGHWAY 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-3293828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, WAYNE
530 NORTH HIGHWAY 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MILLER, WAYNE
540 NORTH HIGHWAY 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714 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: WAYNE MILLER

01/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARNOLD, MARK C
Address: 1665 KERSLEY CIRCLE
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Delete
Name: MILLER, J. WAYNE
Address: 540 NORTH HIGHWAY 434, SUITE 530
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARK C. ARNOLD

MGR

01/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date