


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000079483</b> 1. Entity Name 765 NORTH WICKHAM, LLC	
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Principal Place of Business 540 NORTH HIGHWAY 434 SUITE 530 ALTAMONTE SPRINGS, FL 32714	Mailing Address 540 NORTH HIGHWAY 434 SUITE 530 ALTAMONTE SPRINGS, FL 32714
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07112008No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3293828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ 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 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARNOLD, MARK C
STREET ADDRESS	1665 KERSLEY CIRCLE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	MGR
NAME	MILLER, J. WAYNE
STREET ADDRESS	540 NORTH HIGHWAY 434, SUITE 530
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
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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U00000955171  
07/16/08-B0005-021 138.75

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:       Date: 7/11/08      Daytime Phone # \_\_\_\_\_

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