2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000079483

1. Entity Name 765 NORTH WICKHAM, LLC



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

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



07112008No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number	 		Applied For
20-3293828	 		Not Applicable
5 Cortificate of Status Desired	 \$5.0	10	Additional

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 the obligat	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$138.75 In accordance liability compa	e with s. 607.193(2)(b), F.S., the limited any did not receive the prior notice.	·
9.	MANAGING MEMBERS/MANAGERS		ASSOCIATION SUPPLIES A HOMBOURD SUSPICIONAL DE LA COMPANSION DEL COMPANSION DE LA COMPANSIO
TITLE	MGR		
NAME	ARNOLD, MARK C		
STREET ADDRESS	1665 KERSLEY CIRCLE		and here in the first term of
CITY-ST-ZIP	HEATHROW, FL 32746		(中日 U000009551 元] [[[]] [[]] [[]] [[] [[]] [[] [[]] [[] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]
TITLE	MGR		U//16/08-80005-021 138.75
NAME	MILLER, J. WAYNE		
STREET ADDRESS	540 NORTH HIGHWAY 434, SUITE 530		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	 See A search of the property of t	
TITLE		n in financia na serata di mana di serata di maniferi di mangala di mangala di mangala di mangala di mangala d Na mangala di mangala d Na mangala di mangala	
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CITY-ST-ZIP			NOT WRITE
TITLE	1000	** ** ** ** ** ** ** **	
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TITLE		Service of the servic	
NAME			
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CITY-ST-ZIP			

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPED OR FRINTED HAME OF BISINING MONKERING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/11/08

Daytime Phone #