2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000094449

1. Entity Name
ROY WICKERSHAM, LLC

600551**

Principal Place of Business	Mailing Address
609 WATSON RD. DEFUNIAK SPRINGS, FL 32433 US	609 WATSON RD. DEFUNIAK SPRINGS, FL 32433 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
115 Temple Drive	115 Temple Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09052007   Chg-LLC   CR2E083 (12/06)

City & State	City & State	4. FEI Number	Applied For
Longwood, FL	Longwood, FL	20-3526075	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
32750	Seminole	32750	Seminole		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WICKERSHAM, ROY D 609 WATSON RD. DEFUNIAK SPRINGS, FL 32433	Name Wickersham, Roy D Street Address (P.O. Box Number is Not Acceptable) 115 Temple Drive City Longwood FL Zip Code 32750

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 _____

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WICKERSHAM, ROY D 609 WATSON RD. DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wickersham, Roy D 115 Temple Drive Longwood, FL 32750	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _____   9-6-2007   407-830-5923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #