2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000109172

Entity Name: WHEELER & MOTE, LLC

Current Principal Place of Business:

P O BOX 3067
BROOKHAVEN, MS 39603

New Principal Place of Business:

2320 HWY 550 NW
BROOKHAVEN, MS 39601

Current Mailing Address:

P O BOX 3067
BROOKHAVEN, MS 39603

New Mailing Address:

2320 HWY 550 NW
BROOKHAVEN, MS 39601

FEI Number: 20-3790006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: MOTE, JR., W. ANSEL MGRM
Address: P O BOX 3067
City-St-Zip: BROOKHAVEN, MS 39603

Title: MR. ( ) Delete
Name: WHEELER, K. DAVID MGRM
Address: 350 N. TREMAIN
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: MOTE, JR., W. ANSEL MGRM
Address: 2320 HWY 550 NW
City-St-Zip: BROOKHAVEN, MS 39601

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

I hereby certify that the information supplied with this filing does not qualify 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: K. DAVID WHEELER MGRM 05/01/2007

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