	ANNUA	ABILITY COMP	FILED Feb 18, 2008 08:00 AN			
DOCU 1. Entity Nam WC 220,		13173		Secretary of State		
Principal Place of Business Mailing Address 714 MANATEE AVENUE EAST 714 MANATEE AVENUE EAST BRADENTON, FL 34208 BRADENTON, FL 34208			ST			
DO NOT WRITE IN THIS SPACE				02112008No Chg-LLC CR2E083 (12/07)		
714 MANA	6. Name and Address of Curr , BRITTON H TEE AVENUE EAST ON, FL FL	ent Registared Agent		DO NOT WRITE IN THIS SPACE		
	named entity submits this statement ons of registered agent.	nt for the purpose of changing its regi	stered office or registe	red agent, or both, in the State of Florida I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered a	gent and little if applicable (NOTE, Reg	istered Agent signature require	d when remistating) DATE		
FILE After May	NOW111 FEE IS \$138.75 71, 2008 Fee will be \$538	.75				
9.		MBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, BRITTON H 3618 2ND AVE W. BRADENTON, FL 34205					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM HEROLD, FRANK L 743 HILLCREST DRIVE BRADENTON, FL 34209			U00000330630 02/26/08-80083-025 138.75		
NAME STREET ADDRESS CITY - ST - ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		······				
Title Name Street address City - St - Zip	, , , , , , , , , , , , , , , , , , ,	<u></u>				
11. I hereby c indicated limited lia	bility company or the receiver or th	ustee empowered to execute this tep	ort as required by Cha	ad in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.		

SIGNATURE AND TY	ED OR PRINTED NAME OF S	IGNING MANAGING MEMBER,	OR AUTHORIZED REPRESENTATIVE

_____, _____, _____, ____, ____, ____, ___, ___, ___, ___, ___, ___, ___, ___, ___, ___, ___, ___, ___, ___, ___, ___, ___, __, ___, __

Date

Daytime Phone #