

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113396

Entity Name: WAGNER CAPITAL LLC

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

18780 LONG LAKE DRIVE  
BOCA RATON, FL 33496 US

## New Principal Place of Business:

1001 WEST CYPRESS CREEK RD. SUITE 302P  
FORT LAUDERDALE, FL 33309 US

## Current Mailing Address:

18780 LONG LAKE DRIVE  
BOCA RATON, FL 33496 US

## New Mailing Address:

1001 WEST CYPRESS CREEK RD.  
302P  
FORT LAUDERDALE, FL 33309 US

FEI Number: 84-1695016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OWENS, SCOTT D ESQ.  
2241 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

OWENS, ARIELA  
1001 WEST CYPRESS CREEK RD.  
302P  
FORT LAUDERDALE, FL 33309 US

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: ARIELA OWENS

03/31/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WAGNER, ARIELA C  
Address: 18780 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WAGNER, ARIELA C  
Address: 1001 WEST CYPRESS CREEK RD. SUITE 302P  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: ARIELA OWENS

MGRM

03/31/2009

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