


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000117564 1. Entity Name WACIN HOLDINGS, LLC	
---	---

Principal Place of Business 637 8TH STREET CLERMONT, FL 34711	Mailing Address 637 8TH STREET CLERMONT, FL 34711
---	---



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3911400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent SCHUMACHER, LUCINDA J 11301 LAKE LOUISA ROAD CLERMONT, FL 34711
--

**DO NOT WRITE
IN THIS SPACE**

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

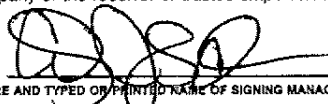
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUMACHER, WAYNE W 11301 LAKE LOUISA ROAD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUMACHER, LUCINDA J 11301 LAKE LOUISA ROAD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000617700
02/07/07-80085-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **1/17/07** **352-536-9266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #