2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000119851 1. Entity Name **GWC MANAGEMENT ENTERPRISES LLC**

US

Principal Place of Business

300 BEACH DRIVE N.E.

UNIT P 2802

ST. PETERSBURG, FL 33707

Mailing Address

300 BEACH DRIVE N.E. **UNIT P 2802**

ST. PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

02162007 No Chg-LLC

CR2E083 (11/05)

FILED

Feb 28, 2007 08:00 A Secretary of State

4. FEI Number 20-4253792

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANT ABRAHAM REITER MCCORMICK & GREENE PA 50 N LAURA ST STE 2750 IACKSONVILLE EL 32202

DO NOT WRITE IN THIS SPACE

JACKSON	VILLE, FL 32202				IO OI AOL	
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 registored agent and title if applicable	(NOTE: Registered	Agent signature required whe	en reinstating t	DATE	
	lling Fee is \$50.00		and the second s	03	U00000651279 3/09/07-80001-008	50.00
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, GORDON W 300 BEACH DRIVE N.E. ST. PETERSBURG, FL 33707		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ii.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPACE	ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE