2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000003567

1. Entity Name
WRIGHTCO HOLDINGS, LLC

FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

200 S. ORANGE AVENUE, STE. 2300 ORLANDO, FL 32801

Mailing Address

200 S. ORANGE AVENUE, STE. 2300 ORLANDO, FL 32801



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4193947

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO. 200 S. ORANGE AVENUE, STE. 2300 ORLANDO, FL 32801

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| | | 1 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|
| 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) | U000008944E3 |
| ### 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WRIGHT, KENNETH C 200 S. ORANGE AVENUE, STE. 2300 ORLANDO, FL 32801 | | |
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| 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 MANAG

G MEMBER OR AUTHORI

MAN DELLA PRESENTATIVE

Date

Daytime Phone #