2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/17

FILED
Feb 19, 2007 8:00 am
Secretary of State
01-17-2007 90006 041 ****50.00

DOCUMENT # L06000011384

1. Entity Name
WMNC PROPERTIES, LLC

Principal Place of Business	Mailing Address
2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691 US	P.O. BOX 3649 HOLIDAY, FL 34692 US

01102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3204 Alternate 19 Suite, Apt. #, etc.	3204 Alternate 19 Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683 Country: Pinellas	Zip: 34683 Country: Pinellas

4. FEI Number: 43-2096699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLLINKA, DAVID J
2312 U.S. HIGHWAY 19
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 3204 Alternate 19

City: Palm Harbor, FL Zip Code: 34683

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WOLLINKA, DAVID J P.O. BOX 3649 HOLIDAY, FL 34692	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3204 Alternate 19 Palm Harbor, FL 34683	☒ Change ☐ Addition
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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: _____ 1/12/07 727/937-4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #