

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033393

FILED
Feb 24, 2009
Secretary of State

Entity Name: WICKHAM BUSINESS PARK, L.L.C.

Current Principal Place of Business:

2825 BUSINESS CENTER BLVD., SUITE C-1
WICKHAM BUSINESS PARK
MELBOURNE, FL 32940

New Principal Place of Business:

2825 BUSINESS CENTER BLVD.
SUITE C - 1
MELBOURNE, FL 32940

Current Mailing Address:

2825 BUSINESS CENTER BLVD., SUITE C-1
WICKHAM BUSINESS PARK
MELBOURNE, FL 32940

New Mailing Address:

2825 BUSINESS CENTER BLVD.
SUITE C - 1
MELBOURNE, FL 32940

FEI Number: 20-4624157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMMS, DONALD L
2825 BUSINESS CENTER BLVD., SUITE C-1
WICKHAM BUSINESS PARK
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

SIMMS, DONALD L
2825 BUSINESS CENTER BLVD.
SUITE C - 1
MELBOURNE, FL 32940 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: DONALD L. SIMMS

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: SIMMS, DONALD L
Address: 2825 BUSINESS CTR BLVD STE C-1 WICKHAM PK
City-St-Zip: MELBOURNE, FL 32940\

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: SIMMS, DONALD L
Address: 2825 BUSINESS CTR BLVD, STE C-1
City-St-Zip: MELBOURNE, FL 32940

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: DONALD L. SIMMS

MGRP

02/24/2009

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