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Mar 15, 2007 8:00 am
Secretary of State

02-27-2007 90080 017 ****50.00
03-15-2007 90132 023 *****5.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000034416

1. Entity Name
WEST VIRGINIA WILDCAT RUBBER, LLC

Principal Place of Business	Mailing Address
1380 PALMWOOD DRIVE SARASOTA, FL 34232	1380 PALMWOOD DRIVE SARASOTA, FL 34232

02192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1380 Palmwood Drive		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, FL		City & State: Same	
Zip: 34232	Country: USA	Zip: 34232	Country: USA

4. FEI Number: 20-4641892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JOHN A
1380 PALMWOOD DRIVE
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 John A. Brown, Mgr
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John A. Brown 1380 Palmwood Drive Sarasota, FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mg. MBR JOHN A. BROWN 1380 PALMWOOD DRIVE SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: John A. Brown Mgr FEB 20 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #