


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90289 001 \*\*\*600.00

<b>DOCUMENT # L06000035290</b> 1. Entity Name <b>WANDERING OAK HOLDINGS, LLC</b>					
Principal Place of Business <b>C/O WEBSTER, CHAIRES &amp; PARTNERS, P.L.</b> <b>450 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789</b>			Mailing Address <b>C/O WEBSTER, CHAIRES &amp; PARTNERS, P.L.</b> <b>450 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789</b>		
2. Principal Place of Business - No P.O. Box # <b>c/o Webster &amp; Partners, P.L.</b>		3. Mailing Address <b>c/o Webster &amp; Partners, P.L.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		4. FEI Number <b>20-4631326</b>	
5. Certificate of Status Desired <input type="checkbox"/>		01032007 Chg-LLC CR2E083 (12/06) <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>W&amp;P SERVICES, INC.</b> <b>450 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIH, GRACE L 450 N. WYMORE ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THACH, PAUL P 450 N. WYMORE ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			Date <b>JAN 12/2007</b>		
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					