

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047700

Entity Name: WNC PARTNERS, LLC

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

525 5TH AVE. NORTH  
JACKSONVILLE, FL 32250

## New Principal Place of Business:

9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246

## Current Mailing Address:

525 5TH AVE. NORTH  
JACKSONVILLE, FL 32250

## New Mailing Address:

9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246

FEI Number: 20-4840087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITMAN, CHAD S  
525 5TH AVE. NORTH  
JACKSONVILLE, FL 32250 US

## Name and Address of New Registered Agent:

KAVALIEROS, NICK  
9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246 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: NICK KAVALIEROS

02/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WHITMAN, CHAD S  
Address: 525 5TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM ( ) Delete  
Name: RITCH, TIM  
Address: 9824 BAYMEADOWS WAY, SUITE 230  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Delete  
Name: BOREE, GREG  
Address: 9824 BAYMEADOWS RD., SUITE 230  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Delete  
Name: KAVALIEROS, NICK  
Address: 9824 BAYMEADOWS RD., SUITE 230  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: RITCH, TIM  
Address: 9995 GATE PARKWAY N SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM (X) Change ( ) Addition  
Name: BOREE, GREG  
Address: 9428 BAYMEADOWS RD., SUITE 230  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM (X) Change ( ) Addition  
Name: KAVALIEROS, NICK  
Address: 9995 GATE PARKWAY N SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32246

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: NICK KAVALIEROS

MGRM

02/05/2009

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