2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# L06000068736

Entity Name: WRK LAND, LLC

Current Principal Place of Business:

61 WEST COLONIAL DRIVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

61 WEST COLONIAL DRIVE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-5184728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHOEMAKER, JOHN B
61 WEST COLONIAL DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	KODSI, ALBERT	
Address:	61 WEST COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32801	
Title:	V	( ) Delete
Name:	SHOEMAKER, JOHN B	
Address:	61 WEST COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32801	
Title:	VPT	( ) Delete
Name:	COHEN, ODED	
Address:	61 WEST COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32801	
Title:	VP	( ) Delete
Name:	MCCAREY, PATRICK J	
Address:	61 WEST COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32801	

ADDITIONS/CHANGES:

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

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: ODED COHEN VPT 05/18/2009

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