

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085600

Entity Name: MTN WC PARTNERS, LLC

FILED  
Apr 07, 2008  
Secretary of State

**Current Principal Place of Business:**

475 CENTRAL AVENUE  
SUITE 202  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 US

**Current Mailing Address:**

C/O ERNEST L. MASCARA  
475 CENTRAL AVENUE, SUITE 202  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

C/O ERNEST L. MASCARA  
PO BOX 266  
ST. PETERSBURG, FL 33731 US

FEI Number: 20-5460892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASCARA, ERNEST L  
475 CENTRAL AVENUE  
SUITE 202  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

MASCARA, ERNEST L  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 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: ERNEST L. MASCARA

04/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOVAK, MICHAEL T JR  
Address: 475 CENTRAL AVENUE, SUITE 202  
City-St-Zip: ST. PETERSBURG, FL 33701 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NOVAK, MICHAEL T JR  
Address: PO BOX 266  
City-St-Zip: ST. PETERSBURG, FL 33731 US

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: MICHAEL T. NOVAK, JR.

MGRM

04/07/2008

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