

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90063 007 \*\*\*138.75

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01042008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000116790</b> 1. Entity Name <b>WICKER BEACH RESIDENCES, LLC</b>			
Principal Place of Business <b>240 SOUTH PINEAPPLE AVE., SUITE 400 SARASOTA, FL 34236</b>		Mailing Address <b>240 SOUTH PINEAPPLE AVE., SUITE 400 SARASOTA, FL 34236</b>	
2. Principal Place of Business - No P.O. Box # <b>3001 Founders Club Dr.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3001 Founders Club Dr.</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Sarasota FL</b> <small>Zip Country</small> <b>34240</b>		City & State <b>Sarasota FL</b> <small>Zip Country</small> <b>34240</b>	
4. FEI Number <b>20-8001170</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BROWN, THOMAS 240 SOUTH PINEAPPLE AVE., SUITE 400 SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3001 Founders Club Dr.</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34240</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1/21/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM U.S. ASSETS GROUP II, L.L.P. 240 SOUTH PINEAPPLE AVE., SUITE 400 SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3001 Founders Club Dr. Sarasota, FL 34240</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>1/21/08</b> Daytime Phone # <b>941-378-3983</b>	