

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121703

Entity Name: WSC HOLDINGS, LLC

FILED
Feb 12, 2007
Secretary of State

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 SOUTH FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-8091670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CHESWICK WILSON, CAROL
Address: 15 RED COAT PASS
City-St-Zip: DARIEN, CT 06820 US

Title: MGRM () Change (X) Addition
Name: CHESWICK BREWE, SUSAN
Address: 98 RIDGE ACRES
City-St-Zip: DARIEN, CT 06820 US

Title: MGRM () Change (X) Addition
Name: CHESWICK, WILLIAM R
Address: 93 MINE MOUNT ROAD
City-St-Zip: BERNARDSVILLE, NJ 07924

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL CHESWICK WILSON

MGRM

02/12/2007

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