

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023325

Entity Name: WILKES COUNTY 49, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2911 NE PINE ISLAND ROAD
CAPE CORAL, FL 339096513 US

New Principal Place of Business:

3443 HANCOCK BRIDGE PKWY
#301
NORTH FORT MYERS, FL 33903 US

Current Mailing Address:

2911 NE PINE ISLAND ROAD
CAPE CORAL, FL 339096513 US

New Mailing Address:

3443 HANCOCK BRIDGE PKWY
#301
NORTH FORT MYERS, FL 33903 US

FEI Number: 20-8562990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLENKAMP, DENNIS J
2911 NE PINE ISLAND ROAD
CAPE CORAL, FL 339096513 US

Name and Address of New Registered Agent:

FULLENKAMP, DENNIS J
3443 HANCOCK BRIDGE PKWY
#301
NORTH FORT MYERS, FL 33903 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FULLENKAMP, DENNIS J
Address: 2911 NE PINE ISLAND ROAD
City-St-Zip: CAPE CORAL, FL 339096513 US

Title: MGRM () Delete
Name: STRAYHORN, MICHAEL M
Address: 5670 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES:

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: DENNIS J FULLENKAMP

MGRM

04/29/2008

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