2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 22, 2008 8:00 am Secretary of State

416/08 Date

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| DOCU 1. Entity Nam WCOFC, | | 481 | | | ž | 04-22-200 | 8 90096 02 | 25 ***13 | 38.75 |
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| • | e of Business | Mailing Address | | | | 000000 | n . | | |
| 599 NW 82N Plantation | | PO BOX 15697 PLANTATION, FL 33318 | -5697 | | - 1 | 6002667 | b | | |
| | | | | | | | | | |
| 100 | Place of Business - No P.O. Box # | 3. Mailing Address | Are. | | | | | | DB1 1 DB1 |
| Suite Apt. | H 102 | Suite, Apt. #, etc. | 2 | | 04162008 | Chg-LLC | CR2E083 | (12/06) | |
| City & Stat | "Land, FL | City & State | FL | | i. FEI Numb | 960050R | | | plied For t Applicable |
| Zip 33. | 394 Country | ^{Zip} 33394 | Country | | 5. Certificate | of Status Desired | | 5.00 Add e Required | |
| | 6. Name and Address of Current F | Registered Agent | | 7 | . Name and | Address of New I | Registered Ag | ent | |
| <u>.</u> | | | Name | 1000 | M | mula | ŀ | | |
| DOUGLAS, STEPHEN M 599 NW 82ND AVE PLANTATION, FL 33324 DOUGLAS, STEPHEN M Street Address LOO | | | | | MEN TO BOX Number is Not Acceptable) | | | | |
| · PLANTATI | | Suite 102 | | | | | | | |
| | • | | City | P4 | laud | lessale- | FL | Zip Code | 394 |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its re | egistered office o | r registered | agent, or bo | th, in the State of Fl | orida. I am fan | niliar with, | and accept |
| | M-Y/ | | | | | 411 | 2108 | | |
| SIGNATURE . | Signature, typed or printed in time of registered agent as | nd tille if applicable. (NOTE: | Registered Agent signal | lure required whe | en reinstating) | / ! \ | DATE | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | -Make check payable to Florida Department of State | | | | |
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