


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-24-2008 90069 027 ***138.75

DOCUMENT # L07000028722			
1. Entity Name WIZARD EXPLORATIONS, LLC			
Principal Place of Business 10228 MILLPORT DRIVE TAMPA, FL 33626		Mailing Address 10228 MILLPORT DRIVE TAMPA, FL 33626	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEINFELD, DEBORAH 10228 MILLPORT DRIVE TAMPA, FL 33626		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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		DATE	
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEINFELD, DEBORAH 10228 MILLPORT DRIVE TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Deborah Steinfeld</i> Deborah Steinfeld		Date: 1/20/08 813 389 4942	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8704179** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required