

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072768

Entity Name: WAY CENTER, LLC

FILED  
Apr 18, 2008  
Secretary of State

**Current Principal Place of Business:**

705 OHIO AVENUE  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

4614 MISTY LANE  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number: 39-2058446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INNERSPIRIT PRODUCTIONS, LLC  
4614 MISTY LANE  
LYNN HAVEN, FL 32444 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:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: WIEST, ROBERT  
Address: 4614 MISTY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR ( ) Change (X) Addition  
Name: WIEST, SUSAN  
Address: 4614 MISTY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

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: ROBERT WIEST

MGR

04/18/2008

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