

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120074

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** WCP PROPERTY HOLDINGS, LLC

**Current Principal Place of Business:**

5452 W CRENSHAW ST  
SUITE 4  
TAMPA, FL 33634

**New Principal Place of Business:**

5704 W SLIGH AVE  
SUITE 100  
TAMPA, FL 33634

**Current Mailing Address:**

5452 W CRENSHAW ST  
SUITE 4  
TAMPA, FL 33634

**New Mailing Address:**

5704 W SLIGH AVE  
SUITE 100  
TAMPA, FL 33634

FEI Number: 26-1511153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLCOMB, VICTOR W ESQ.  
201 N. ARMENIA AVENUE  
TAMPA, FL 33609 US

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

CALLISON, MARK D  
5704 W SLIGH AVE  
SUITE 100  
TAMPA, FL 33634 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: MARK CALLISON

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: PULEO, PAUL A  
Address: 4206 W OBISPO ST  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: CALLISON, MARK D  
Address: 16607 SOUNDING SHORES DR  
City-St-Zip: ODESSA, FL 33556

**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: MARK CALLISON

DIR

04/06/2009

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