

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038934

FILED
Feb 04, 2009
Secretary of State

Entity Name: WCM LLC

Current Principal Place of Business:

550 N BUMBY AVE.
ORLANDO, FL 328034927

New Principal Place of Business:

550 N BUMBY AVE.
105
ORLANDO, FL 328034927

Current Mailing Address:

550 N BUMBY AVE.
ORLANDO, FL 328034927

New Mailing Address:

PO BOX 536575
ORLANDO, FL 328536575

FEI Number: 26-2584157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAKLEY, WILLIAM R
4268 LAKE UNDERHILLE RD
B
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

WEAKLEY, WILLIAM R
4268 LAKE UNDERHILLE RD
B
ORLANDO, FL 32803 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:

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAM, WEAKLEY R
Address: 4268 LAKE UNDERHILL RD
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Delete
Name: CHIRA, LEE
Address: 800 N. HIGHLAND AVE SUITE 200
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Delete
Name: PAGE, ROBERT W
Address: 9167 BAY POINT DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: PAGE, KAY
Address: 9167 BAY POINT DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: WALTON, BRUCE E
Address: 9606 CLASSIC COURT
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: WALTON, NANCY S
Address: 9606 CLASSIC COURT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAM, WEAKLEY R
Address: 4268 B LAKE UNDERHILL RD
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM R. WEAKLEY

MGRM

02/04/2009

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