2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L08000070634

Entity Name: WTI HOLDINGS LLC

Current Principal Place of Business:

871 SUNSHINE LN
STE 105
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1015 SUNSHINE LN
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

871 SUNSHINE LN
STE 105
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1015 SUNSHINE LN
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-3029180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODEN, THOMAS A
1115 TUCKASEEGEE TR
MAITLAND, FL 32751 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:	MGRM	( ) Delete
Name:	COX, MICHAEL P	
Address:	647 MAJESTIC OAK DRIVE	
City-St-Zip:	APOPKA, FL 32712	
Title:	MGRM	( ) Delete
Name:	ODEN, THOMAS A	
Address:	1115 TUCKASEEGEE TR	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGR	( ) Delete
Name:	MAGILL, ADAM T	
Address:	940 LASCALA DR	
City-St-Zip:	WINDERMERE, FL 34786	

ADDITIONS/CHANGES:

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: ADAM T MAGILL MGR 03/03/2009

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