

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100375

Entity Name: WSB PROPERTIES, LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

5639 COLDSTREAM CT
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

5639 COLDSTREAM CT
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOFFLET, KELLY
9428 BAYMEADOWS RD
SUITE 230
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BOREE, GREG
9428 BAYMEADOWS RD
SUITE 230
JACKSONVILLE, FL 32256 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: NANCY SIMMONS

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOREE, MELANIE
Address: 8004 ACORN RIDGE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: WIGGINS, MARTY
Address: 4130 WINDSOR PARK DR E
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: SIMMONS, GREGG
Address: 5639 COLDSTREAM CT
City-St-Zip: JACKSONVILLE, FL 32222

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: NANCY SIMMONS

MGR

04/10/2009

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