


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90079 049 ****50.00

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| DOCUMENT # L95000000678 1. Entity Name WYMORE EQUITY ASSOCIATES, L.C. |  |
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| Principal Place of Business 497 SPANISH TRACE DRIVE ALTAMONTE SPRINGS, FL 32701 | Mailing Address 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127 |
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60019002



01102007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 59-3379799 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GACIOCH, WILLIAM T 15101 QUAILS BLUFF CIR LAKE WALES, FL 33853 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HANNON, KATHERINE A 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GACIOCH, WILLIAM T 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GACIOCH, MICHAEL T 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/12/07 (716) 662-0800
Date Daytime Phone #