

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90191 006 ****50.00

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02022006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L98000003506 1. Entity Name WCD COLUMBIAN KNIGHTS, L.L.C.					
Principal Place of Business 3348 EDGEWATER DRIVE ORLANDO, FL 32804			Mailing Address 3348 EDGEWATER DRIVE ORLANDO, FL 32804		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEMETREE, WILLIAM C 3348 EDGEWATER DRIVE ORLANDO, FL 32804				Name <i>William C. Demetree, Sr. Living Trust UAD 11/15/90</i> Street Address (P.O. Box Number is Not Acceptable) <i>3348 Edgewater Drive</i> City <i>Orlando</i> FL Zip Code <i>32804</i>	
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 <i>Sara N. Demetree, Trustee</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>2/7/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEMETREE, WILLIAM C 3348 EDGEWATER DRIVE ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM William C. Demetree, Sr. Living Trust UAD 11/15/90 3348 Edgewater Drive Orlando, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Sara N. Demetree, Trustee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <i>2/7/06</i> 407-422-8191 <small>Date Daytime Phone #</small>	