
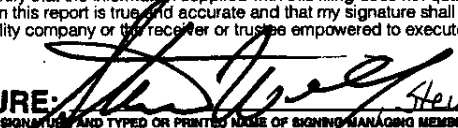


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90123 008 ****50.00

DOCUMENT # L99000000493 1. Entity Name WC GEORGIA AVENUE, L.C.					
Principal Place of Business 5801 N. CONGRESS AVE. BOCA RATON, FL 33487 US			Mailing Address 5801 N. CONGRESS AVE. BOCA RATON, FL 33487 US		
2. Principal Place of Business 5801 Congress Avenue Suite, Apt. #, etc.			3. Mailing Address 5801 Congress Avenue Suite, Apt. #, etc.		
City & State Boca Raton, Florida Zip 33487 Country			City & State Boca Raton, Florida Zip 33487 Country		
4. FEI Number 59-2652843				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01152004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S ESQ MOMBACH BOYLE & HARDIN, P.A. 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, STEVEN 5801 N. CONGRESS AVE. BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, ERIC 5801 N CONGRESS AVE BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Steve Wolf, Managing Member Date 2/16/04 54-498-5200					

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