

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90191 007 ****50.00

DOCUMENT # L99000001939

1. Entity Name
WCD CROSSROADS, L.L.C.



Principal Place of Business
3348 EDGEWATER DRIVE
ORLANDO, FL 32804

Mailing Address
3348 EDGEWATER DRIVE
ORLANDO, FL 32804

20007518



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
43-4260850

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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
William C. Demetree, Sr. Living Trust UAD 11/15/90
Street Address (P.O. Box Number is Not Acceptable)
3348 Edgewater Drive
City
Orlando FL Zip Code
32804

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 William C. Demetree, Sr. Trustee

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/7/06
DATE

**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 ☒ 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 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: William C. Demetree, Sr. Trustee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/06 407.422.8191
Date Daytime Phone #