

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004655

Entity Name: DLAC/WRI, L.L.C.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

1819 ALBERT STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

PO BOX 330358
JACKSONVILLE, FL 322330569

New Mailing Address:

FEI Number: 26-8012895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALE, HOWARD L
200 WEST FORSYTH ST
SUITE 1100
JACKSONVILLE, FL 322024308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIXON, CARLTON
Address: 2008 RIVERSIDE AVE STE 100
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: JENKINS, STEVEN T
Address: 1819 ALBERT STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

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: STEVEN T. JENKINS

MGR

02/26/2009

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