

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000007467

**FILED**  
**Jul 01, 2004**  
**Secretary of State**

**Entity Name:** WNC FLORIDA, LLC

**Current Principal Place of Business:**

17782 SKY PARK CIRCLE  
IRVINE, CA 926146404

**New Principal Place of Business:**

**Current Mailing Address:**

17782 SKY PARK CIRCLE  
IRVINE, CA 926146404

**New Mailing Address:**

**FEI Number:** 33-0904380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BOULEVARD, SUITE 1500  
MIAMI, FL 33131 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/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** WNC ASSOCIATES, INC.,  
**Address:** 3158 REDHILL AVE., SUITE 120  
**City-St-Zip:** COSTA MESA, CA 92626

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WNC ASSOCIATES, INC.,  
**Address:** 17782 SKY PARK CIRCLE  
**City-St-Zip:** IRVINE, CA 92614 64

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** DAVID N. SHAFER

EVP

07/01/2004

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