

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000146

Entity Name: WG GRAND PRAIRIE TX, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

450 S. ORANGE AVENUE
SUITE 900
ORLANDO, FL 328013336

Current Mailing Address:

450 S. ORANGE AVENUE
SUITE 900
ORLANDO, FL 328013336

New Principal Place of Business:

450 S. ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801 US

New Mailing Address:

450 S. ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801 US

FEI Number: 51-0436345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: CNLRS EQUITY VENTURE, S, INC.
Address: 450 S. ORANGE AVE., SUITE 900
City-St-Zip: ORLANDO, FL 328013336

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CNLRS EQUITY VENTURE, S, INC.
Address: 450 S. ORANGE AVE., SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

Title: SV () Change (X) Addition
Name: TESSITORE, CHRISTOPHER P
Address: 450 S. ORANGE AVE., SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

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: CHRISTOPHER P. TESSITORE

SV

04/25/2007

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