2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

1. Entity Name WYCHEECA, LLC

Mailing Address

199 E. PEARL, SUITE 103 JACKSON, WY 83001

P.O. BOX 14250 JACKSON, WY 83002



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 	Applied For
42-1592076		Not Applicable
5. Certificate of Status Desired	•	<b>0</b> Additional

6. Name and Address of Current Registered Agent

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

MANN & WOLF, LLP 4300 NORTH UNIVERSITY DRIVE, SUITE C-203 SUNRISE, FL 33351

DOCUMENT # M03000001598

## DO NOT WRITE IN THIS SPACE

8.	<ol><li>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 an</li></ol>	n familiar with, and accept
	the obligations of registered agent,	
٥,	CIONATHOS	

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2007

000000593377 01/22/07-80029-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, JERRY 199 E. PEARL, SUITE 103 JACKSON, WY 83001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TATLE NAME STREET ADDRESS CITY-ST-ZIP	. , ,
11. I hereby	certify that the information supplied with this filing does not qualify for the

## DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with this filling 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:

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME

1-15.07

Daytime Phone #