

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001402

Entity Name: WSG CARILLON LLC

FILED
Jun 17, 2009
Secretary of State

Current Principal Place of Business:

400 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

400 ARTHUR GODFREY ROAD, STE 200
MIAMI BEACH, FL 33140

Current Mailing Address:

400 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140

New Mailing Address:

400 ARTHUR GODFREY ROAD, STE 200
MIAMI BEACH, FL 33140

FEI Number: 20-0126885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET, SUITE 2900
MIAMI, FL 331312130 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: SHEPPARD, ERIC
Address: 400 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: WOLMAN, PHILIP
Address: 400 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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: ERIC SHEPPARD

MM

06/17/2009

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