

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90042 038 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # M05000002634</b>                    |  |
| 1. Entity Name<br><b>5840 WCS TAMPA OWNER LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>ONE INDEPENDENT DRIVE<br/>SUITE 114<br/>JACKSONVILLE, FL 32202</b> | Mailing Address<br><b>ONE INDEPENDENT DRIVE<br/>SUITE 114<br/>JACKSONVILLE, FL 32202</b> |
|--|--|

**60041591**



|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>One Independent Drive</b> | 3. Mailing Address<br><b>One Independent Drive</b> |
| Suite, Apt. #, etc.<br><b>Suite 1850</b>                                       | Suite, Apt. #, etc.<br><b>Suite 1850</b>           |
| City & State<br><b>Jacksonville, FL</b>  | City & State<br><b>Jacksonville, FL</b>            |
| Zip<br><b>32202</b>  | Country<br><b>32202</b>                            |

04242007 Chg-LLC CR2E083 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-2738317</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|---|---------------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>EVANS, WILLIAM G<br/>ONE INDEPENDENT DR STE 114<br/>JACKSONVILLE, FL 32202</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|--|---|

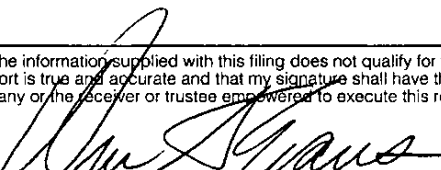
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS                 |  | 10. ADDITIONS / CHANGES                        |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>5840 WCS TAMPA MANAGER LLC<br/>ONE INDEPENDENT DR STE 114<br/>JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Suite 1850</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |

11. I hereby certify that the information supplied with this filing 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.

|   |                           |                        |
|---|---------------------------|------------------------|
| <b>SIGNATURE:</b>  | Authorized Representative | 4/24/07 (904) 356-1978 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                           | Date Daytime Phone #   |