

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004271

FILED
Jun 02, 2009
Secretary of State

Entity Name: WHEELTIME NETWORK LLC

Current Principal Place of Business:

100 N. 20TH ST., FOURTH FLOOR
PHILADELPHIA, PA 19103

New Principal Place of Business:

100 N. 20TH ST., FOURTH FLOOR
PHILADELPHIA, PA 19103 US

Current Mailing Address:

100 N. 20TH ST., FOURTH FLOOR
PHILADELPHIA, PA 19103

New Mailing Address:

5550 26TH ST. W
SUITE 1
BRADENTON, FL 34207 US

FEI Number: 20-1837518 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:

BLALOCK, WALTERS, HELD & JOHNSON
802 11TH STREET WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 US

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: MELANIE LUTEN, VICE PRESIDENT

06/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HILL, SAM
Address: 100 N. 20TH ST., FOURTH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR () Delete
Name: SMITH, MIKE
Address: 100 N. 20TH ST., FOURTH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR () Delete
Name: FREIWALD, TOM
Address: 100 N. 20TH ST., FOURTH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR () Delete
Name: CASWELL, JEFF
Address: 100 N. 20TH ST., FOURTH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR () Delete
Name: FRENCH, MARK
Address: 100 N. 20TH ST., FOURTH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR () Delete
Name: FOWLER, PHIL
Address: 100 N. 20TH ST., FOURTH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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: TOM FREIWALD

MGR

06/02/2009

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