

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000020595

1. Entity Name
 WKCP, L.L.C.



Principal Place of Business 18374 HIGHWAY 331 SOUTH FREEPORT, FL 32439	Mailing Address 18374 HIGHWAY 331 SOUTH FREEPORT, FL 32439
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DO NOT WRITE IN THIS SPACE



02032005No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0477555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
 36008 EMERALD COAST PARKWAY, SUITE 301
 DESTIN, FL 32541

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARIS, ALBERT E 18374 HWY 331 SOUTH FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON-PARIS, SHERRY L 18374 HWY 331 SOUTH FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/08/05-80022-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Albert E. Paris **ALBERT E. PARIS, MANAGING MEMBER** FEB. 3, 2005 850-835-4153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #