


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90231 026 ***138.75

DOCUMENT # L02000033503

1. Entity Name
WPB BUILDING, LLC



60040504

Principal Place of Business
3501 COMMERCE PARKWAY
MIRAMAR, FL 33025

Mailing Address
~~3501 COMMERCE PARKWAY~~
~~MIRAMAR, FL 33025~~
5933 W. HILLS BORO BLVD.
#301, Parkland, FL 33067



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03262008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
36-3196821

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSNER, IRWIN
3501 COMMERCE PARKWAY
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name **KIRSNER, VICKI L.**

Street Address (P.O. Box Number is Not Acceptable)
6180 N.W. 77 PLACE

City **PARKLAND** FL Zip Code **33067**

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: *Vicki L. Kirsner* DATE: 4-4-08

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
MGR	KIRSNER, IRWIN	3501 COMMERCE PKWY.	MIRAMAR, FL 33025	<input checked="" type="checkbox"/>
MGR	KIRSNER, VICKI L	3501 COMMERCE PKWY.	MIRAMAR, FL 33025	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6180 N.W. 77 PLACE	PARKLAND, FL. 33067	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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.

SIGNATURE: *Vicki L. Kirsner* DATE: 4-4-08 DAYTIME PHONE #: (954) 494-3216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE