2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/23/

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-23-2004 90023 031 ****50.00

MOORE CR2E083 (11/03)

DOCUMENT # L03000014421

1. Entity Name

WMPS GROUP, LLC

Principal Place of Business	Mailing Address
91495 OVERSEAS HIGHWAY TAVERNIER FL 33070	PO BOX 678 TAVERNIER FL 33070

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 57-1165922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAUSSEN, KENNETH F
~~SUITE 301~~
~~2199 PONCE DE LEON BOULEVARD~~
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Charles E. Wightman, Sr.
Street Address (P.O. Box Number is Not Acceptable): 91495 Overseas Highway
City: Tavernier FL Zip Code 33070

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Agent Kenneth F. Claussen 2199 Ponce de Leon Blvd. Suite 301 Coral Gables, Fl. 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member - MGRM Charles E. Wightman Sr. 91495 Overseas Hwy. Tavernier, Fl. 33070 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member - MGRM Carolyn Wightman 91495 Overseas Hwy. Tavernier, Fl. 33070 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 04/09/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #