

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014421

Entity Name: WMPS GROUP, LLC

FILED
Jul 29, 2005
Secretary of State

Current Principal Place of Business:

91495 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

PO BOX 678
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 57-1165922 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:

WIGHTMAN, CHARLES E JR.
94195 OVERSEAS HWY.
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

WIGHTMAN, CHARLES E SR
94195 OVERSEAS HWY.
TAVERNIER, FL 33070 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: CHARLES E. WIGHTMAN SR.

07/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: A () Delete
Name: CLAUSSEN, KENNETH F
Address: 2199 PONCE DEL LEON BLVD, STE. 301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: WIGHTMAN, CHARLES SR.
Address: 91495 OVERSEAS HWY.
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM (X) Delete
Name: WIGHTMAN, CAROLYN
Address: 91495 OVERSEAS HWY.
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WIGHTMAN, CAROLYN
Address: 91495 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: () Change () Addition
Name:
Address:
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 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 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: CAROLYN WIGHTMAN

MGRM

07/29/2005

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