

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037311

Entity Name: W.L.P.1 LLC

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

31629 LONG ACRES DRIVE
SUITE 1
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

PO BOX 1449
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 54-2158561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEIKES, WILLIAM III
31629 LONG ACRES DRIVE
SUITE 1
SORRENTO, FL FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEIKES, WILLIAM III
Address: 31629 LONG ACRES DRIVE
City-St-Zip: SORRENTO, FL 32776

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: KEIKES, WILLIAM III
Address: 31629 LONG ACRES DRIVE
City-St-Zip: SORRENTO, FL 32776

Title: MS () Change (X) Addition
Name: KEIKES, JOANNE L
Address: 24926 OLMAC ROAD
City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANNE L KEIKES

MS

04/05/2006

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