

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037311

FILED
Feb 13, 2007
Secretary of State

Entity Name: W.L.P.1 LLC

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:

KEIKES, WILLIAM III
31242 SOARING HAWK LANE
SORRENTO, FL FL 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: WILLIAM KEIKES III

02/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: KEIKES, WILLIAM III
Address: 31242 SOARING HAWK LAND
City-St-Zip: SORRENTO, FL 32776

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 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

02/13/2007

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