


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L04000037311 1. Entity Name W.L.P.1 LLC |  |
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| Principal Place of Business 31629 LONG ACRES DRIVE SUITE 1 SORRENTO, FL 32776 | Mailing Address PO BOX 1449 SORRENTO, FL 32776 |
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DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC CR2E083 (12/07)

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|---|--------------------------------|
| 4. FEI Number 54-2158561 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 *William Keikes III* WILLIAM KEIKES III 1-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

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

U00000784937
 01/16/08-80074-017 138.75

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR KEIKES, WILLIAM III 31242 SOARING HAWK LAND SORRENTO, FL 32776 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS KEIKES, JOANNE L 24926 OLMAC ROAD SORRENTO, FL 32776 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Joanne L Keikes* JOANNE L KEIKES 1-10-08 (352)
Signature and typed or printed name of signing managing member, or authorized representative Date Daytime Phone # 735-2242