


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000002313 1. Entity Name WESTERN REPACKING, LLLP	
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Principal Place of Business 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142	Mailing Address P.O. BOX 3088 IMMOKALEE, FL 34143
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
PRESS, MAXWELL L 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	DATE _____
Signature, typed or printed name of registered agent and title if applicable.	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000121632	STREET ADDRESS	
NAME	WRP-GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	315 EAST NEW MARKET ROAD		
CITY-ST-ZIP	IMMOKALEE, FL 34142		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 	1/8/08 239-657-4421 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

FILED

08 FEB 19 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032008 Chg-LP CR2E003 (12/06)

4. FEI Number	Applied For
APPLIED FOR	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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STAPLE CHECK HERE