## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L00000007502

**DOCUMENT #** 

WP ENTERPRISES, LLC

1. Entity Name

SIGNATURE:

FILED Feb 18, 2002 8:00 am Secretary of State 02-18-2002 90185 005 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE			924947
2. Principal Place of Business 2/0/ BAY DR N Suite, Apt. #, etc.	3. Mailing Address Suite pt. #, etc.	( )	DO NOT WRITE IN THIS SPACE
City & State  SKADENTON BEACH, FL			4. FEI Number Applied For Not Applicable
34217 Country MANATEE	Zip /	Country	5. Certificate of Status Desired Status Desired Fee Required  7. Name and Address of Current Registered Agent
DO NOT WRITE		Name P Street Address	IEGERE DEPHNE
IN THIS S	PACE	City	FL Zip Code
8. The above named entity submits this statement  SIGNATURE  Signature typed or printed name of fequence age	for the purpose of changing its r	egistered office or regist	Feb 8, 1900Z
	Make Check Pay	EE IS \$50.00 rable to Department UE BY MAY 1	of State
9.  PRESMANA DISC MEMO  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PRESMANA DISC MEMO  WENDY DE  2101BA1 DE	TPASSE N, B	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  B CABENTON  FL 3 4 2 17		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VICE PRES  VICE PRES  VICE PRES  PIETRE DE  VICE PRES  VICE PRES	EPASIE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
CITY-ST-ZIP  2101 BAY  PRAPENTEN  STREET ADDRESS  CITY-ST-ZIP  PL 3421	BEACH 7	NAME STREET ADDRESS CITY-SI-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied w indicated on this report is true and accurate ar limited liability company or the receiver or trust	nd that my signature shall have th	ne same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a managing member or manager of the upter 608, Florida Statutes.