2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secretary of State DOCUMENT # L00000009932 04-20-2004 90298 001 ***300.00 1. Entity Name WPB INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 3540 FOREST HILL BLVD., #203 3540 FOREST HILL BLVD., #203 WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 04162004 No Chg-LLC CB2F083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1059990 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DENTRY, DEBORAH A DO NOT WRITE 3540 FOREST HILL BLVD., #203 WEST PALM BEACH, FL 33406 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Flegistered Agent signature required when reinstating) DATE Filing Feø is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE WPB MANAGEMENT INC. NAME STREET ADDRESS 3540 FOREST HILL BLVD., #203 CITY-ST-ZIP WEST PALM BEACH, FL 33406 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED Apr 20, 2004 8:00 am

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME ER, OR AUTHORIZED REPRESENTATIVE