


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001100 1. Entity Name WP POWER HOLDINGS, L.C.	
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Principal Place of Business 5869 SEA GRASS LANE NAPLES, FL 34116	Mailing Address 5869 SEA GRASS LANE NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE



09092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3699308	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 STEINBERG, DALE H 5869 SEA GRASS LANE NAPLES, FL 34116	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS		U000000172139 09/13/04-80001-007 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEINBERG, DALE H 5869 SEA GRASS LANE NAPLES, FL 34116	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARSEN, PAUL C 5869 SEA GRASS LN NAPLES, FL 34116	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Pam C. LARSEN 9-7-04 239-352-9939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #