

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010349

Entity Name: WPC FLORIDA, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1901 EAST 15TH ST.
PANAMA CITY, FL 32405

New Principal Place of Business:

P.O. BOX 35638
PANAMA CITY, FL 32412

Current Mailing Address:

1901 EAST 15TH ST.
PANAMA CITY, FL 32405

New Mailing Address:

P.O. BOX 35638
PANAMA CITY, FL 32412

FEI Number: 59-3726085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, GEORGE
1901 EAST 15TH ST.
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

WRIGHT, GEORGE
P.O. BOX 35638
PANAMA CITY, FL 32412 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WRIGHT, GEORGE
Address: 1901 EAST 15TH ST.
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: WRIGHT, DORA
Address: 1901 E. 15TH ST
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WRIGHT, GEORGE
Address: P.O. BOX 35638
City-St-Zip: PANAMA CITY, FL 32412

Title: MGRM (X) Change () Addition
Name: WRIGHT, DORA
Address: P.O. BOX 35638
City-St-Zip: PANAMA CITY, FL 32412

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 electronic 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: GEORGE WRIGHT

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date