

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019518

Entity Name: WPND, LLC

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

1426 ROWE AVENUE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9723
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 80-0025043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NACKASHI, JERRY
1426 ROWE AVENUE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NACKASHI, JERRY
Address: 1426 ROWE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM () Delete
Name: DIXON, ROD
Address: 1426 ROWE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM () Delete
Name: PITTMAN, MARK
Address: 1426 ROWE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM () Delete
Name: WOOD, ROBERT
Address: 1426 ROWE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROD DIXON

MGRM

03/27/2008

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