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PICK-UP WAIT MAIL
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Gregory H. Fisher P.A



Attorney at Law

5520 First Avenue North, St. Petersburg, Florida 33710-8006

Telephone: 727-344-5520 Facsimile: 727-381-2778 E-mail: fishlaw@gte.net Web Site: www.fishlaw.net

December 16, 2003

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: WTP Enterprises, LLC

Dear Sir or Madam:

Enclosed is Statement of Change of Registered Agent and check in the sum of \$25.00 for filing fee. Please file the enclosed. If any further is needed, kindly advise.

Sincerely,

Gregory H. Fisher

GHF:lm Enclosure

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisic liability company submit agent, or both, in the Sta	ts the following statems	6 or 608.508, ent in order t	Florida Statute o change its reg	es, the under sistered office	signed l e or regi	imited stered -
1. The name of the limit	ed liability company is:	WTP Ente	rprises, L	LC		
2. The mailing address of	of the limited liability co	ompany is : _	76 SunValle	ey Drive		· · · · · ·
_ St. Louis, MO		Marco				
03/01/2002 3. Date of filing/registra	tion in Florida		L 020000047 4. Document nu	- x -		
5. The name of the regist Florida Department of	ered agent and the regis State:	stered office a	ddress as shown	on the record	ds of the	
	Frank J. Rief	, III,Esq Name	uire	<u>.</u>		2
	442 W. Kenned	y Blvd., Address	Ste 340	 		
	Tampa, Florida City,	a 33606 State and Zip	··· · · · · · · · · · · · · · · · · ·	AL AHA	O3 DEC	ec suppos
6. The name and address				12. 1. 	6 I 3	T
	Gregory H. Fi	sher Name	<u> </u>		<u></u> 8.	B
	5520 First Ave Florida street address			AGIBA	57	
	St. Petersburg	g FL 33710 State and Zip	-8006	-		=
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are managed the registered agent with the registered agent with the confirmed that the red liability company or	nade, the Flori ill be identical change(s) wa as otherwise p	da street address l. Or, in the case s/were authorize	of the registe of a Florida ed by an affir	ered offic limited mative v	ote of

authorized representative of a member)

WILLIS 4. JONES

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby earling that the limited liability company has been notified in writing of this change.

(Signature of Re Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)