2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #L02000017789



03-22-2007 90175 028 ****50.00 1. Entity Name WHSP 84, LLC 60027564 Principal Place of Business Mailing Address 1850 SE 17TH ST. SUITE 300 1850 SE 17TH ST. SUITE 300 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 27-0024043 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, PETER Street Address (P.O. Box Number is Not Acceptable) 1850 SE 17TH ST., SUITE 300 FORT LAUDERDALE, FL 33316 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Detete Change ☐ Addition HUDSON, STEVEN W NAME STREET ADDRESS 1850 SE 17TH ST., SUITE 300 STREET ADDRESS FORT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition WRIGHT, PETER W NAME MAME STREET ADDRESS STREET ADDRESS 1850 SE 17TH ST., SUITE 300 CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-ZIP **MGRM** TITI F TITLE Delete ☐ Change ☐ Addition HUDSON, HOLLY J NAME STREET ADDRESS 1850 SE 17TH ST., SUITE 300 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 livey or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true and limited liability company or the re

CITY-ST-ZIP

CITY-ST-71P

SIGNATURE: Peter W. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

SIGNATURE:

954-356-5800

FILED

Mar 22, 2007 8:00 am Secretary of State