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Secretary of State

04-28-2006 90023 046 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023640

1. Entity Name
WHP, LLC

20038455

06302005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1152 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689	1152 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 54-1931635 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PANTONI, W.H.
1152 RIVEREDGE DRIVE
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 the obligations of registered agent.

SIGNATURE [signature] 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PANTONI, WH ☑ Delete
STREET ADDRESS	1152 ~~RIDGEWOOD AVE~~ RIVER EDGE DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete

10. ADDITIONS/CHANGES

TITLE	MGR
NAME	PANTONI WH ☑ Change ☐ Addition
STREET ADDRESS	1152 RIVER EDGE DR
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 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: [signature] 4/24/06 727-215-3826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Daytime Phone #