2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAKE

SECRETARY OF STATE **DOCUMENT # L02000023640** TALLAHASSEE, FLORIDA 1. Entity Name WHP, LLC 08 HAY 23 AM 8: 25 Principal Place of Business Mailing Address 1152 RIVEREDGE DRIVE 1152 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 04302007 No Chg-LLC CR2E083 (11/05) DO-NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-1931635 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PANTONI, W.H. DO NOT WRITE 1152 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689 IN THIS SPACE 8. The above named entity submits this statement for the purpose 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, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2003 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PANTONI, W.H. NAME STREET ADDRESS 1152 RIVEREDGE DRIVE 900130101209 05/23/08--01007--008 **55.00 TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my agnature 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 trostee empowered to execute this report as required by Chapter 608, Florida Statutes.

NO MARGENG MEMBER, OR AUTHORIZED REPRESENTATIVE

Вo

Daytime Phone #

FILED