## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90231 026 \*\*\*138.75

DOCUMENT # L02000033503  1. Entity Name WPB BUILDING, LLC						·			31 026 ***138	3.75	
Principal Place of Business 3501 COMMERCE PARKWAY MIRAMAR, FL 33025		Mailing Address  3501 COMMERCE PARKWAY MIRAMAR, FL 33025 5933 W. HILLS BC 301, Parkland FL 33 3. Mailing Address			suc	60020304					
2. Principal Pl	ace of Business - No P.O. Box #	301, Parklar 3. Mailing Address	nd, 1	12 3	300	01					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03262008	Chg-LLC	· CF	R2E083 (12/06)		
City & State		City & State				4. FEI Number 36-3196821			<u> </u>	Applied For Not Applicable	
Zip	Country Zip		Country			5. Certificate of Status Desired Fe			\$5.00 Addi Fee Required		
KIRSNER, 3501 COM MIRAMAR,		7. Name and Address of New Registered Agent  Name KIRSNER, VICKI L.  Street Address (P.O. Box Number is Not Acceptable)  6180 N.W. 77 PLACE  City PARKLAND FL Zip Code 7									
the obligati	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.  NOWILL FEE IS \$138.75	1. K	n	ed office or	register _	ed agent, or but	oth, in the Stat	e of Florida.	i am familiar with,	and accept	
After May	1, 2008 Fee will be \$538.75							Florida Dep	artment of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR KIRSNER, IRWIN 3501 COMMERCE PKWY. MIRAMAR, FL 33025	ERS/MANAGERS  Delete		_			ADDII	TIONS/CHAN	NGES ☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRSNER, VICKI L 3501 COMMERCE PKWY. MIRAMAR, FL 33025	☐ Delete			61 P#	80 N FRKLI	1.W.	77 FL	Change PLACE 330	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					—- <i>T</i>		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					☐ Change	Addition	
indicated	certify that the information supplied will on this report is true and accurate and billity company or the receiver or truste	d that my signature shall have empowered to execute this	re the sam is report a	ne legal effe ns required l	ct as if not be considered to the considered to	nade under oa ster 608, Florida	th; that I am a a Statutes.	managing m	certify that the info nember or manage (954 494-	er of the	