

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000021108

1. Entity Name  
WEP, LLC



Principal Place of Business

800 NORTH HIGHLAND  
200  
ORLANDO, FL 32803 US

Mailing Address

800 NORTH HIGHLAND  
200  
ORLANDO, FL 32803 US



04222005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0041348

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E  
28 WEST CENTRAL BLVD., SUITE 401  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000347553  
04/30/05-80121-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MCKINNEY, E. JOSEPH  
STREET ADDRESS 800 NORTH HIGHLAND, SUITE 200  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE MGR  
NAME KROPP, STEVE MGR  
STREET ADDRESS 800 NORTH HIGHLAND, SUITE 200  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE MGR  
NAME LAWLER, TOM MGR  
STREET ADDRESS 800 NORTH HIGHLAND, SUITE 200  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE MGR  
NAME PEISNER, ERIC MGR  
STREET ADDRESS 800 NORTH HIGHLAND, SUITE 200  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE MGR  
NAME WILLIAMS, WARREN E MGR  
STREET ADDRESS 800 NORTH HIGHLAND, SUITE 200  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Eric S Peisner*

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

Date

Daytime Phone #

4-26-05 407-292-7717