2006 LIMITED LIABILITY COMPANY * * * ANNUAL REPORT (AR)

SIGNATURE

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # L03000039209 1. Entity Name 03-23-2006 90273 028 ****50.00 LAURA BIGGINS WPB. LLC Principal Place of Business Mailing Address 322 MURCIA DRIVE JUPITER FL 33458 322 MURCIA DRIVE JUPITER FL 33458-2705 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For 04-3778164 Not Applicable Zip Country \$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 **BIGGINS, LAURA** Street Address (P.O. Box Number is Not Acceptable) 322 MURCIA DRIVE JUPITER FL 33458 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 the obligation: egistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE Change Addition ☐ Delete NAME BIGGINS, LAURA NAME STREET ADDRESS STREET ADDRESS 322 MURCIA DRIVE CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CSTY - ST - ZiP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

MANAGER OR AUTHORIZED REPRESENTATIVE

FILED

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