2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045601

Entity Name: WFGP, LLC

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3020 HARTLEY ROAD, SUITE 100 JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 3020 HARTLEY ROAD, SUITE 100 JACKSONVILLE, FL 32257 FEI Number: 20-1291953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWTON, CLIFFORD B ESQ C/O CLIFFORD B. NEWTON, P.A. 10192 SAN JOSE BLVD JACKSONVILLE, FL 32223 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition HUTSON, DAVID W CHRM Name: Name: Address: Address: 3020 HARTLEY ROAD, SUITE 100 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: Title: MGR () Change (X) Addition () Delete Name: Name: HINSON, DONALD P PRES Address: Address: 3020 HARTLEY ROAD, SUITE 100 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: MGRM () Change (X) Addition HUTSON, NANCY A VP Name: Name: 3020 HARTLEY ROAD, SUITE 100 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: MGRM () Change (X) Addition CROMARTIE, ROBERT A SVP Name: Name: 3020 HARTLEY ROAD, SUITE 100 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: MGRM () Change (X) Addition WILSON, ERIK H VP Name: Name: 3020 HARTLEY ROAD, SUITE 100 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: () Change (X) Addition COX. ELINORE C S/T Name: Name: Address: Address: 3020 HARTLEY ROAD, SUITE 100 JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELINORE C. COX MGRM 03/10/2005