

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066633

Entity Name: WS5P1, L.L.C.

FILED
May 13, 2008
Secretary of State

Current Principal Place of Business:

C/O JOSEPH E. HAKIM
UNIT 5P1, 4137 BAY BEACH LANE
FT. MYERS, FL 33931

New Principal Place of Business:

Current Mailing Address:

C/O JOSEPH E. HAKIM
UNIT 5P1, 4137 BAY BEACH LANE
FT. MYERS, FL 33931

New Mailing Address:

C/O JOSEPH E. HAKIM
99 COMMODORE ROAD
CHAPPAQUA, NY 10514

FEI Number: 20-1719822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, JOAN C
768 ASHBURTON DRIVE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, MICHAEL F
Address: 768 ASHBURTON DRIVE
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: JOSEPH, HAKIM E
Address: APT 5P1, 4137 BAY BEACH LANE
City-St-Zip: FT MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: JOSEPH, HAKIM E
Address: 99 COMMODORE ROAD
City-St-Zip: CHAPPAQUA, NY 10514

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH E. HAKIM

MGR

05/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date