## 2006 LIMITED LIABILITY COMPANY

## Feb 06, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L04000084063 02-06-2006 90172 019 \*\*\*\*50.00 1. Entity Name TEA WPB EQUITIES LLC Mailing Address Principal Place of Business 55 FIFTH AVENUE, 15TH FLOOR 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003 NEW YORK, NY 10003 01062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3014398 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SOLOMON, LEE ESQ. DO NOT WRITE 19538 BAYVIEW ROAD BOCA RATON, FL 33434 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE TIME EQUITIES ASSOCIATES, LLC NAME STREET ADDRESS C/O TEI 55 FIFTH AVENUE NEW YORK, NY 10003 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 of trustee empowered to produce this report as required by Chapter 608, Florida Statutes.

NAME STREET ADORESS CITY-ST-ZIP

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

**FILED**