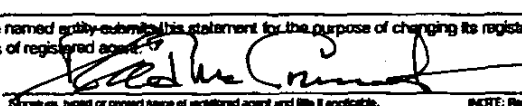


09/05/06 14:04 FAX 800 259 3649

PERRETTI FARMS

001

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

DOCUMENT # L05000006612 1. Entity Name WP-WELLINGTON, LLC					
Principal Place of Business 11950 MAIDSTONE DRIVE C/O WILLIAM J. PERRETTI WELLINGTON FL 33414			Mailing Address 11950 MAIDSTONE DRIVE C/O WILLIAM J. PERRETTI WELLINGTON FL 33414		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMACK, FRED 310 WEST COLLEGE AVENUE TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name FRED MCCORMACK Street Address (P.O. Box Number is Not Acceptable) 411 EAST COLLEGE AVE City TALLAHASSEE FL Zip Code 32301	
8. The above named entity certifies 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 				DATE 9/6/06	
(NOTE: Registered Agent signature required when recasting)					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	10. ADDITIONS / CHANGES				
MCM WILLIAM J. PERRETTI, SR. 11950 MAIDSTONE DR. WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY- ST- ZIP				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP				
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions provided 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 or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.					
SIGNATURE: 				DATE 9/5/06	
(NOTE: Signature and typed or printed name of signing managing member, manager, or authorized representative)					

FILED

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2nd MOORE

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