2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L05000021055

1. Entity Name W/B 2121 GP, LLC

Principal Place of Business



Mailing Address

2121 PONCE DE LEON BVLD #1250 CORAL GABLES, FL 33134

SIGNATURE:

2121 PONCE DE LEON BVLD #1250 CORAL GABLES, FL 33134

FILED Apr 30, 2007 08:00 Al Secretary of State



04182007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 20-2443442	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A. 150 WEST FLAGLER ST, SUITE 2200 MIAMI, FL 33130

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			,	
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registored Agent signature required when relinstating) DATE				
Fi D	iling Fee is \$50.00 ue by May 1, 2007		·	
9.	MANAGING MEMBERS/MANAGERS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISER, WARREN 2121 PONCE DE LEON BLVD #1250 CORAL GABLES, FL 33134	, 't.,	U00000743728 05/15/07-80120-017 50.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. U5/15/U/-8U12U-017 50.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Flothall have the same legal effect as if made under oath; thought this report as required by Chapter 608, Florida Sta	orida Statutes. I further certify that the information hat I am a managing member or manager of the tutes.	