

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027099

Entity Name: WETAPPO WEST, LLC

FILED
Jan 12, 2006
Secretary of State

Current Principal Place of Business:

206 EAST FOURTH STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456

Current Mailing Address:

206 EAST FOURTH STREET
PORT ST. JOE, FL 32456

New Mailing Address:

116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISH GIBSON & SCHOLZ, P.A.
206 EAST FOURTH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

RISH GIBSON & SCHOLZ, P.A.
116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456 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: RISH, GIBSON & SCHOLZ, PA

01/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAISON, GREGORY B
Address: 2010 HIGHWAY C-30A
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGRM () Delete
Name: RISH, WILLIAM J JR.
Address: 2010 HIGHWAY C-30A
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGRM () Delete
Name: GIBSON, THOMAS S
Address: 206 EAST FOURTH STREET
City-St-Zip: PORT ST, JOE, FL 32456

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: GIBSON, THOMAS S
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST, JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY B FAISON

MGRM

01/12/2006

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