

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037247

FILED
Apr 29, 2008
Secretary of State

Entity Name: WSP, LLC

Current Principal Place of Business:

249 E. MACK BAYOU RD.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

247 E. SHIPWRECK RD
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P O BOX 6122
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 20-2681243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFIELD SACHS, COLLEEN
1719 S. COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459 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: MGRM () Delete
Name: WELLBORN, JAMES J
Address: 249 E MACK BAYOU RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: SHORT, JOHN G
Address: 247 E. SHIPWRECK RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: PLAUCHE', CHARLES
Address: 528 NELLIE DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

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

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

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

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: JOHN G SHORT

MGRM

04/29/2008

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