

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042678

FILED
Aug 13, 2008
Secretary of State

Entity Name: KW AND WPB INVESTORS LLC

Current Principal Place of Business:

425 FRONT STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

425 FRONT STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 25-1916872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RODRIGUEZ, CARLOS
425 FRONT STREET
KEY WEST, FL 33040 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODRIGUEZ, CARLOS
Address: 425 FRONT ST
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: CREWS, GARETH
Address: 1609 SEMINARY ST
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: REILLY, ROBERT
Address: 1535 5TH STREET
City-St-Zip: KEY WEST, FL 33040 US

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: CARLOS RODRIQUEZ

MM

08/13/2008

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