


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-08-2006 90034 040 ****50.00

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1. Entity Name
WTP SNEVETS, L.L.C.



Principal Place of Business
**2101 NW BOCA RATON BOULEVARD, STE 1
 BOCA RATON, FL 33431**

Mailing Address
**2101 NW BOCA RATON BOULEVARD, STE 1
 BOCA RATON, FL 33431**

30010283



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01132006 Chg-LLC CR2E083 (11/05)

City & State
 Zip Country

4. FEI Number
20-3092811

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEVENS, PAMELA J
 2101 NW BOCA RATON BOULEVARD, STE 1
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$50.00**
 Due by **May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER - MANAGING MEMBER Thomas E. Stevens American Fork Ranch Two Dot, MT 59085	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER - VICE PRES & MANAGING MEMBER WILLIAM G. STEVENS 1405 South FEDERAL Hwy #119 Delray Beach, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICER, PRES & CEO PAMELA J. STEVENS AMERICAN FORK RANCH TWO DOT, MT 59085	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 608, Florida Statutes.

SIGNATURE: Pamela J. Stevens Mg. Mbr. 3/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #