

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # L05000065480

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



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEVENS, THOMAS E
STREET ADDRESS	AMERICAN FORK RANCH
CITY-ST-ZIP	TWO DOT, MT 59085
TITLE	MGRM
NAME	STEVENS, WILLIAM G
STREET ADDRESS	1405 SOUTH FEDERAL HGHWY #119
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	CEOP
NAME	STEVENS, PAMELA J
STREET ADDRESS	AMERICAN FORK RANCH
CITY-ST-ZIP	TWO DOT, MT 59085
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/11/07-80048-004 50.00

**DO NOT WRITE
 IN THIS SPACE**

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*

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

3/29/07

Date

406-632-4480

Daytime Phone #

PAMELA J STEVENS MEMBER LLC