

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90369 011 ****50.00

DOCUMENT # L05000066435

1. Entity Name
WJP HOLDINGS, LLC



Principal Place of Business
12150 CURLEY ROAD
SAN ANTONIO, FL 33576

Mailing Address
12150 CURLEY ROAD
SAN ANTONIO, FL 33576

60016390



01312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI Number	20-3102345	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

MCDUGAL, RITA G
12150 CURLEY ROAD
SAN ANTONIO, FL 33576

**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	MGMR
NAME	PASHLEY, WARREN J III
STREET ADDRESS	34342 MISSION VALLEY DRIVE
CITY-ST-ZIP	DADE CITY, FL 33525

TITLE	MGRM
NAME	PASHLEY, KAREN
STREET ADDRESS	34342 MISSION VALLEY DRIVE
CITY-ST-ZIP	DADE CITY, FL 33525

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Rita G. McDugal*

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

1/31/07 352
588-3020
Date Daytime Phone #