

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90037 019 \*\*\*138.75



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



2. Principal Place of Business - No P.O. Box #  
 12304 Curley Road  
 Suite, Apt. #, etc.

3. Mailing Address  
 12304 Curley Road  
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State  
 SAN ANTONIO FL  
 Zip  
 33576  
 Country  
 USA

City & State  
 SAN ANTONIO, FL  
 Zip  
 33576  
 Country  
 USA

4. FEI 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  
 12304

7. Name and Address of New Registered Agent

Name Rita G. McDugal  
 Street Address (P.O. Box Number is Not Acceptable)  
 12304 Curley Road  
 City SAN ANTONIO FL Zip Code 33576

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, the registered agent.

SIGNATURE *Rita G. McDugal* (NOTE: Registered Agent's signature required when changing) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State.**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR PASHLEY, WARREN J III 34342 MISSION VALLEY DRIVE DADE CITY FL 33525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASHLEY, KAREN 34342 MISSION VALLEY DRIVE DADE CITY FL 33525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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 Section 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/15/08  
 Date

Daytime Phone #