
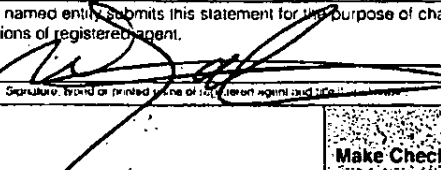
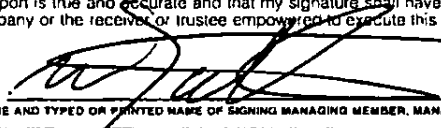


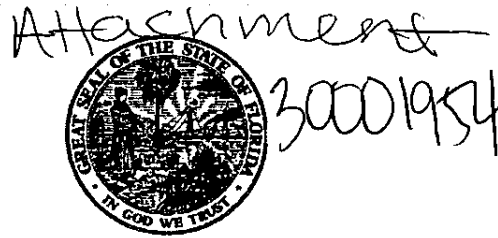
# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/2

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90180 043 \*\*\*\*50.00

<b>DOCUMENT # L05000091626</b>			
1. Entity Name <b>WPPY, LLC</b>			
Principal Place of Business <b>19946 NE 36TH PLACE AVENTURA FL 33180 US</b>		Mailing Address <b>19946 NE 36TH PLACE AVENTURA FL 33180 US</b>	
2. Principal Place of Business <b>2 South Biscayne Blvd</b> Suite, Apt. #, etc. <b>Suite 2400</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL 33131-1803</b>		City & State	
Zip <b>33131-1803</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>20-3484531</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEOPOLD, KORN &amp; LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA FL 33180</b>		7. Name and Address of New Registered Agent Name <b>Wayne M. Pathman</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 South Biscayne BLVD</b> Suite 2400 City <b>Miami</b> FL Zip Code <b>33131-1803</b>	
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  (NOTE: Registered Agent signature required when remitting) DATE			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATHMAN, WAYNE 2 SOUTH BISCAYNE BLVD., SUITE 2400 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUTIE, PHILLIP 19946 NE 36TH PLACE AVENTURA FL 33180 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		1/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

WPPY, LLC  
19946 NE 36TH PLACE  
AVENTURA, FL 33180 US

Subject: WPPY, LLC

Reference Number: L05000091626

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION