


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/1

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-17-2007 90010 007 ****50.00

DOCUMENT # L05000118664 1. Entity Name KWHP INVESTMENTS, LLC	
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Principal Place of Business 948 NORTHEAST 3RD STREET OCALA, FL 34471 US	Mailing Address 948 NORTHEAST 3RD STREET OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3924865	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
**WEITLAUF, STEVEN J
948 NORTHEAST 3RD STREET
OCALA, FL 34471**

**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 resigning) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, NEIL 948 NORTHEAST 3RD STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOP, EARL F JR. 948 NORTHEAST 3RD STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURST, JAMES M 948 NORTHEAST 3RD STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARVE, NANDKUMAR 948 NORTHEAST 3RD STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **STEVE WEITLAUF** ✓ **02/07/07** ✓ **352-624-0935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #