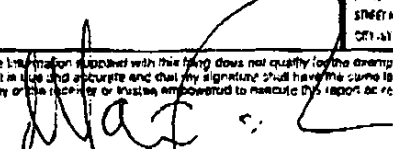


7/7/ FILED
Jul 17, 2006 8:00 am
Secretary of State
07-07-2006 90064 022 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000121632			
1. Entry Name WRP-GP, LLC			
Principal Place of Business 315 E. NEW MARKET RD. IMMOKALEE, FL 34142		Mailing Address 315 E. NEW MARKET RD. IMMOKALEE, FL 34142	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07032006 Cmg-LLC CR2E063 (11/05)		4. FCI Number 20-3982199	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
9. Name and Address of Current Registered Agent WHITESMAN, GUY E 1715 MONROE ST. FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, dated in printed name of registered agent and dated signature. (If LLC, registered agent is a private individual, then handwritten.) DATE			
Filing Fee is \$50.00 Due by September 8, 2006		State check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESS, MAXWELL L 315 E. NEW MARKET RD. IMMOKALEE, FL 34142 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 806, Florida Statutes.			
SIGNATURE: 		7/3/06 239-6524721	
SIGNATURE AND PRINT OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Date of Filing	