2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 27, 2008 08:00 AN DOCUMENT # L06000018874 **Secretary of State** 1. Entity Name WPB HORIZONS, LLC Principal Place of Business Mailing Address 7227 CLINT MOORE ROAD 7227 CLINT MOORE ROAD BOCA RATON, FL 33496 BOCA RATON, FL 33496 US 01312008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4420558 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LEVINE, JEFFREY A DO NOT WRITE 6751 N. FEDERAL HIGHWAY **SUITE 301** IN THIS SPACE BOCA RATON, FL 33487 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 (amiliar with, and accept the obligations of registered agent. SIGNATURE. FILE NOWIII FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 U00000871133 MANAGING MEMBERS/MANAGERS 04/09/08-80117-022 MGR TITLE NAME ANSEL, JERÔME STREET ADDRESS 7227 CLINT MOORE ROAD CITY-ST-ZIP BOCA RATON, FL 33496 TITLE NAME KIRIACON, ARTHUR 7227 CLINT MOORE ROAD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP 71TLE NAME STREET ADDRESS CITY-ST-ZIP